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ABSTRACT

This 10-year plan, prepared by the Idaho Commission for Children and Youth addresses the needs of children and youth living in the state of Idaho during the 1990s. The Commission intends to use the plan as a blueprint for its own activities and as a reference point for collaborating with other agencies and organizations in their efforts throughout the state. The 11 areas of concern selected for attention by the Commission are: system coordination, juvenile justice, prenatal care, child health care, basic needs, preventing hunger and homelessness, families and parenting, child abuse, child care, education, substance abuse, and teenage pregnancy. Each area is introduced by a discussion of the needs and problems, indicating why the Commission selected it for attention. The discussion references other, specialized sources of information. The discussion of each area lists key resources being used to address the need and those resources which have potential to help and might be developed. The reader is referred to other sources for additional information. A goal is stated for each area. Several objectives follow each goal. The objectives are the steps to be taken toward attaining the goal. Each has a time frame for accomplishment set within the 10-year period. Suggested strategies and a list of lead agencies and organizations follow each objective. (LLL)

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OPPORTUNITIES FOR THE NINETIES

IDAHO'S TEN YEAR PLAN

FOR

CHILDREN AND YOUTH

FEBRUARY 1991

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FOREWORD

It is easy to talk about what is wrong with the system. It is easy to identify problems, inadequacies and needs. It is easy to say the problem of taking care of children is too big or too expensive or too complicated to resolve, and it is easy to walk away from the difficult issues facing us by saying there is no solution but to walk away.

The real challenge and the hard work come into play when we begin to personally and individually take responsibility for finding solutions to these problems. The Idaho Commission for Children and Youth offers this Plan to those individuals--within agencies and organizations and in Idaho communities--who are committed to addressing the issues confronting children and youth in the 1990s. The Commission envisions that efforts by individuals working together toward the goals presented in this Plan will foster opportunities for Idaho's children and youth as they enter the twenty-first century.

Nancy A. Wolff, Chair
Idaho Commission for Children and Youth

ACKNOWLEDGEMENTS

The Idaho Commission for Children and Youth is grateful to the youth advocates who participated in development of this Plan. The individuals listed below attended regional council conferences in 1990 and 1989. They contributed immeasurably to the substance of the Plan and to creating opportunities for Idaho's children and youth.

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What we're trying to come up with are guidelines as to what the citizens in the State feel is important for the children in the State of Idaho and what might need to be done. We definitely want the funding to come down to the community level so that you can make the choices, not have the State level say what you need.

From a Commission public hearing, 1989

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EXECUTIVE SUMMARY

I am committed to making the 1990s 'The Decade of the Child'. It is a time when we must put our resources to work to produce healthy, safe and educated children. We must either speak decisively to society's shortcomings for our children or continue to reap the bitter harvest of illiteracy, poverty and crime when today's neglected child becomes tomorrow's disillusioned adult.

Governor Cecil D. Andrus, 1991

Purpose

The purpose of the ten year Plan of the Idaho Commission for Children and Youth is to establish an agenda, crossing agency and organizational boundaries, for improving opportunities for Idaho's children and youth as they approach the twenty-first century. The Plan joins the goals and objectives of public and private agencies on behalf of children and youth with contributions from the citizenry through a statewide public hearing process. The Idaho Commission for Children and Youth intends to use the Plan as a blueprint for its own activities and as a reference point for collaborating with other agencies and organizations in their efforts throughout the State. The Commission encourages agencies, organizations and communities interested in developing opportunities for children and youth to refer to the Plan as a guide.

The Idaho Commission for Children and Youth

Governor Evans appointed the first Youth Commission in 1981 primarily to implement the purposes of the federal Juvenile Justice and Delinquency Prevention Act of 1974. In 1984 he expanded the Commission's responsibilities to include a wider range of children and youth issues. Governor Andrus has continued to expect the Commission's participation in broader children and youth issues. His Executive Order No. 88-11 states that the Commission's responsibilities will be:

1. To be informed about children and youth programs throughout the State and to advise the Governor regarding their operation.

2. To advise the Governor on problems, policies and programs relating to children and youth who are now or may in the future come into conflict with the law.

3. To provide an advocacy function in promoting legislation pertaining to services and laws affecting children and youth.

4. To mediate among service providers as a third party in areas of disagreement.

5. To encourage interagency cooperation and coordination on the State and local levels and help to eliminate duplication of services where appropriate.

6. To provide guidance in the development and implementation of improved policies for children and youth in the State; e.g., judicial, health, education, employment, rehabilitation, recreation and social services.

7. To carry out all responsibilities required by the Juvenile Justice and Delinquency Prevention Act (P.L. 93-415 as amended), including distribution, monitoring and evaluation of federal grant funds made available to the State of Idaho under the Act and including the preparation and administration of the state plan required by the Act.

8. To oversee and evaluate such activities and events as may be deemed necessary by the Governor.

9. To represent the Governor at national and state functions regarding children and youth.

10. To present to the Governor on June 30 of each year a report on the Commission's achievements and impact on youth services programs and policies.

The Executive Order further specifies that the Commission will be composed of not less than 15 nor more than 33 members appointed by the Governor and that the membership shall include:

1. Locally-elected officials;

2. One-third who are under age 24 when appointed, including three who are or have been under jurisdiction of the juvenile justice system; and

3. No more than ten members who are full-time employees of federal, state or local government.

Commission members serve terms of three years or at the pleasure of the Governor. The Governor appoints a chair and vice-chair, whose terms are one year. The Commission has established an executive committee and subcommittees as necessary to support its efforts. The Office for Children and Youth assists the Commission in carrying out its responsibilities. The Office for Children and Youth is headed by an administrator appointed by the Governor.

During its first ten years, the Commission, in cooperation with evolving regional children and youth councils and responsible human service agencies, fostered progress toward meeting several of the priority needs of children and youth in the State. These have included development of in-state capability to provide residential treatment for children with serious emotional disturbance, development of in-state capability to handle juvenile offenders considered to be violent and dangerous, development of community-based diversion and treatment services and statewide prevention efforts. Most significantly, the Commission has largely accomplished the removal of youth from adult jails in Idaho.

The ten year Plan identifies ongoing and new problems of concern to the Commission and the people of Idaho and provides guidance toward their resolution.

Planning Process

In February 1989, the Commission convened an Annual Conference of Regional Councils to assess the problems and needs of Idaho's children and to develop solutions. Three issue papers resulted from that conference, respectively addressing prevention, intervention and remediation strategies to help Idaho children who are at risk. Using the three issue papers as a basis for discussion, a year-long process to obtain advice from the public began in October 1989. The

Commission held eleven public hearings throughout the State: at Bonners Ferry, Sandpoint, Coeur d'Alene, Lewiston, Boise, Twin Falls, Soda Springs, Pocatello, Blackfoot, Idaho Falls and Rexburg. Attendance at the hearings varied from four to 60 people, and many testified regarding their concerns for children and youth in the 1990s. The Commission also received a number of written comments.

Commission staff compiled the concerns and recommendations from the public hearings and written comments into an outline for discussion at the February 1990 Annual Conference of Regional Councils. The Commission's agenda for that meeting was to determine priorities and arrive at goals, objectives and strategies for inclusion in its ten year Plan.

While the issue papers were useful for facilitating discussion at the public hearings and at the February meeting, participants noted that prevention, intervention and remediation cut across many more finite issues. The Plan, therefore, is organized around eleven specific issue areas:

System Coordination
Juvenile Justice
Prenatal Care
Child Health Care
Basic Needs: Preventing Hunger and Homelessness
Families and Parenting
Child Abuse
Child Care
Education
Substance Abuse
Teen Pregnancy

Strategies involving prevention, intervention and remediation are included under these issues.

The final step in the planning process was the blending of goals and objectives of the agencies and organizations which have responsibilities in these issue areas. The Commission designed its Plan to support and enhance the efforts of those agencies and organizations and of communities throughout the State. In turn, the Commission hopes to earn the cooperation of those agencies, organizations and communities as all work together to expand opportunities for Idaho's children and youth.

Goals and Objectives

In February 1991 the Idaho Commission for Children and Youth presented its Plan to Governor Cecil D. Andrus and the people of the State of Idaho. In the Plan, the Commission established the following goals and objectives to guide its efforts during the 1990s.

Goal 1 **By the Year 2000, establish a system to facilitate the statewide coordination of efforts, to advise on the most effective use of resources and to advocate for attention to youth issues in Idaho.**

Objective 1.1 By 1992, restructure the Commission for Children and Youth to include representation adequate for its responsibilities, and staff an Office with expertise in these additional areas.

Objective 1.2 By 1992, devise a system for publicizing, evaluating progress toward and updating the ten year Plan.

Objective 1.3 By 1994, establish a statewide network of regional and/or community councils to implement the goals of the Commission at the local level and to advise the Commission about local needs and resources.

Objective 1.4 By 1998, identify an effective organizational structure for coordinating efforts and advocating for attention to children and youth issues in the twenty-first century.

Goal 2 **By the Year 2000, develop a comprehensive, cohesive juvenile justice system which will serve Idaho into the twenty-first century.**

Objective 2.1 By 1992, in order to eliminate entirely the use of adult jails for detaining juveniles, provide appropriate secure and nonsecure alternatives in every region.

Objective 2.2 By 1994, have in place a statewide juvenile justice system which has the capability to maintain petitions at or below the 1989 level (two percent of the State's youth population).

Objective 2.3 By 1996, in every Idaho community establish programs and practices that will result in preventing offenses and diverting youth from the juvenile justice system, yet hold them accountable for their actions.

Objective 2.4 By 1998, ensure access to treatment resources by all juvenile offenders and their families, regardless of system of supervision, i.e., county or State, to reduce repeat offenses.

Objective 2.5 By 1999, take actions to ensure the rights of and improve justice for juveniles statewide.

Goal 3 By the Year 2000, increase the health status of mothers and infants, as reflected in reduced incidence of maternal and infant morbidity and mortality for Idaho.

Objective 3.1 By 1993, develop and implement an outreach plan to ensure that women who are not in contact with traditional health care systems receive prenatal care in the first trimester of pregnancy.

Objective 3.2 In all regions establish programs designed to reduce rates of infant mortality, neonatal mortality, postneonatal mortality, fetal death, maternal mortality and the percent of infants born with low birthweight, by 1999.

Goal 4 By the Year 2000, all Idaho children, throughout their childhood years, will have access to affordable, comprehensive health care.

Objective 4.1 By 1995, increase the numbers and improve geographic distribution of health care providers throughout the State.

Objective 4.2 By 1997, in every region have the capability to provide the habilitative and rehabilitative services necessary to help children with disabilities realize their potential.

Objective 4.3 By 1999, establish a system to ensure affordable, comprehensive health care for all families in Idaho.

Goal 5 To alleviate the effects of poverty, by the Year 2000, develop the capability to meet the basic needs of Idaho children for food, shelter and clothing.

Objective 5.1 By 1992, in every community make available to all children services that guarantee adequate food, shelter and clothing.

Objective 5.2 To help children rise above the "culture of poverty", by 1995, in every community provide positive role models and programs to enhance the development of self-esteem and ability to participate in the responsibilities of society.

Objective 5.3 By 1996, adequate, affordable housing will be available for all Idaho families.

Objective 5.4 By 1999, reduce the number of Idaho children living in poverty.

Goal 6 By the Year 2000, all Idaho children will have a nurturing family environment in which to grow up.

Objective 6.1 By 1993, in every community make available a continuum of services which supports and enhances family life skills and promote self-sufficiency.

Objective 6.2 By 1994, ensure the availability in every region of treatment and family support services for children with emotional and behavioral problems.

Objective 6.3 By 1995, provide independent living/emancipation opportunities for youth in every region.

Objective 6.4 By 1997, in every community provide a range of out-of-home care alternatives and services to be available as deemed appropriate on a case-by-case basis.

Objective 6.5 By 1999, enact into Idaho Code a "Family Law Act" which puts petitions involving referral to services before a professional family court.

Goal 7 By the Year 2000, every county shall have in place child protective systems which include protocols for prevention, reporting, investigation, adjudication and post trauma assistance for victims.

Objective 7.1 By 1992, have established in every county multidisciplinary teams to coordinate the investigation and prosecution of child abuse reports.

Objective 7.2 By 1994, an array of services to respond to the needs of child abuse and neglect victims and their families will be accessible or provided in all communities.

Objective 7.3 By 1996, in all communities develop programs designed to prevent child abuse, abandonment and neglect.

Objective 7.4 By 1998, establish a system within the State that includes effective intervention methods for perpetrators of child abuse, abandonment and neglect.

Goal 8 By the Year 2000, all families in Idaho will have access to appropriate, quality care for their children.

Objective 8.1 By 1993, make child care affordable for all Idaho families, regardless of income.

Objective 8.2 By 1995, improve the quality of child care services throughout Idaho by enacting new licensure standards and enhancing the status of the child care profession.

Objective 8.3 By 1998, increase child care options throughout the State in order that over 100,000 children have appropriate care resources accessible.

Goal 9 By the Year 2000, restructure Idaho's educational system to reflect a commitment to communities and to preparing young people for roles in our society.

Objective 9.1 By 1995, in every school district begin to implement an educational plan which defines the relationship of the school and community.

Objective 9.2 Improve the quality of the education provided in Idaho in order that State and local district standards are met by every school by 1997.

Objective 9.3 By 1999, attain a statewide rate of 95 percent of 18-year olds achieving the competencies commensurate with a twelfth grade education.

Goal 10 By the Year 2000, significantly reduce substance use among Idaho children and youth.

Objective 10.1 By 1994, provide prevention programs in every community to reduce the incidence of substance use among children and youth.

Objective 10.2 By 1996, develop in all communities creative substance abuse intervention strategies for youth.

Objective 10.3 By 1998, develop a continuum of affordable substance abuse treatment resources for youth in every region of the State.

Goal 11 **Before the Year 2000, substantially reduce the incidence of teen pregnancies among Idaho youth.**

Objective 11.1 By 1996, implement teen pregnancy prevention programs in all Idaho communities.

Readers are invited to select goals and objectives of special interest for further study and action. The Plan presents a brief statement of need and a description of existing and potential resources related to each of the eleven goal areas. Each objective is followed by strategies which agencies, organizations, communities and individuals may pursue toward developing opportunities for Idaho's children and youth in each of the eleven areas. The list of Works Cited, while not exhaustive, provides references reflecting Idaho's public and private sector efforts to address the goals.

By the time kids are needing detention or even peer counseling, in some cases, it is too little too late. I think we need to look more at expanding programs that are working. Head Start is a very good example. WIC, prenatal programs...those are all very good places to start intercepting kids when they are very, very young. In some respects, 1989 is almost too late to start looking at teens for the Year 2000, but we need to begin.

From a Commission public hearing, 1989

INTRODUCTION

Background

The Idaho Commission for Children and Youth was inspired by a 1979-1980 planning committee, appointed by Governor John V. Evans. Based on a year of study into the needs of children who were in contact with the human service delivery system and after extensive deliberations, the Idaho Planning Committee for Children and Youth Services produced a report, Youth Services in Idaho (Jan. 1980). The priority objective for youth services was stated as the need to:

> *Coordinate and integrate services for children and youth to insure equal accessibility of services statewide.*

The first recommended action for attaining this objective was "...encourage the formation of a statewide Youth Commission." (13) Governor Evans appointed the first Youth Commission in 1980 to implement the purposes of the federal Juvenile Justice and Delinquency Prevention Act of 1974, but in 1984 he expanded the Commission's responsibilities to include additional concerns of the 1979-1980 planning committee. Governor Andrus' Executive Order No. 88-11, quoted in the Executive Summary (pages i-ii), supports this broader involvement of the Commission in children and youth issues.

While much was accomplished during the Commission's first ten years, many of the planning committee's lower priority recommendations are now emerging as greater priorities, and other needs of children, beyond the purview of juvenile justice system, are more pressing. The Commission's planning process, summarized in the Executive Summary (pages iii-iv), sought to identify and clarify these problems and provide guidance toward their resolution.

Scope

This Plan attempts to address the needs of all children and youth living in the State of Idaho during the 1990s. Demographic data from the 1990 Census were not available in time for inclusion in this Plan, but the table below shows estimates of the 1990 youth population and projections of the 2000 youth population for each Department of Health and Welfare region. The figures were calculated using

"Estimate of Idaho Population by Age 1988" (in the Mental Health Systems Plan, Fiscal Years 1990-1992, FY 1990 Update, Department of Health and Welfare, Bureau of Mental Health, 1989, 42-43) and the U.S. Census Bureau official 1990 population total for Idaho of 1,006,749 as reported in The Idaho Statesman (Etlinger, "Census tacks 3000 onto Idaho report" 25 Jan. 1991, 1A).

Figure 1

IDAHO POPULATION BY REGION

	1990 Estimates		2000 Projections	
Region	**Total Pop.**	**Youth**	**Total Pop.**	**Youth**
I	123,284	35,047	131,544	37,396
II	90,856	25,014	96,944	26,690
III	137,339	42,378	146,540	45,218
IV	233,516	66,959	249,162	71,445
V	140,451	46,011	149,861	49,094
VI	139,547	51,228	148,897	54,660
VII	141,756	54,030	151,254	57,650
Total	**1,006,749**	**320,668**	**1,074,201**	**342,153**

See the map on the following page for a geographical orientation to the State of Idaho.

Throughout this Plan, when the word "region" or "regions" is used, it refers to Department of Health and Welfare regions. The Department has divided the State into seven regions for human services planning and service delivery. Each region is designed around a population center large enough to support services for a catchment area encompassing the surrounding, multi-county rural area. Expensive and/or specialized services and regional administration are usually provided through only one site in a region, while general services or those which require easy access by rural residents are often provided at several sites in a region. Other service systems (e.g., public health, transportation, law enforcement and the judiciary) are also regionalized in Idaho, and their boundaries often differ from Health and Welfare's. However, because the issue areas in this Plan interface with the human service system, the Health and Welfare regions are the most logical geographic divisions.

Figure 2

Map of Health and Welfare Regions

When the word "community" or "communities" is used in this Plan, it means any town with a population of 5,000 or more. A town of that size should be able to implement many of the objectives and strategies specified herein. However, any group of people living in a particular area, even a sparsely settled area, may wish to coalesce to develop an objective or strategy of interest or concern to them.

Areas of Concern

The eleven areas of concern selected for attention by the Commission are:

System Coordination
Juvenile Justice
Prenatal Care
Child Health Care
Basic Needs: Preventing Hunger and Homelessness
Families and Parenting
Child Abuse
Child Care
Education
Substance Abuse
Teen Pregnancy

System Coordination is presented first because handling of issues in this area will expedite action in all the other areas. Juvenile Justice is listed next. The Commission was founded to address juvenile justice issues, but, in its work, established that attention to other childhood issues could mean success in efforts to avert youth from the juvenile justice system. The remaining nine areas are listed in chronological order according to where problems might emerge during a childhood life cycle.

Organization of Material

Information relevant to each area of concern is presented in the following sections of the Plan. The material is organized as follows:

Statement of Need - Each area is introduced by a discussion of the needs and problems, indicating why the Commission selected it for attention.

Because this Plan does not provide in depth analyses of issues, the discussion references other, specialized sources of information.

Existing and Potential Resources - The discussion of each area lists key resources (i.e., programs, services and funds) being used to address the need and those resources which have potential to help and might be developed. These lists are not exhaustive, and the reader is referred to other sources for additional information.

Goal - A goal is stated for each area. The goals are the broad, idealistic outcomes to be achieved by the Year 2000.

Objectives - Several objectives follow each goal. The objectives are the steps to be taken toward attaining the goal. Each has a time frame for accomplishment set within the ten-year period. Suggested strategies and a list of lead agencies and organizations follow each objective.

Strategies - Measures to be taken by the responsible agencies and organizations to move toward the objective. Additional strategies are expected to surface as Plan implementation gets underway; these may be included in Plan updates.

Lead Agencies and Organizations - The key public and private entities which have a stake in attaining the objective. Only the lead agencies and organizations are listed; these listings are not intended to exclude other participants who may be interested in expanding opportunities for Idaho's children and youth.

The goals, objectives and strategies are the heart of the Plan.

Needed are places for youth to stay so they can get out of dangerous situations when they've been evicted from home or find out that the home environment is dangerous. These could be in the form of short-term shelter facilities, half-way houses or something of that nature, where children who are in a crisis situation or runaway would have a safe place to stay while they can deal with their problems and issues. These types of facilities call for planning and funding from some place other than the local county budget and would take some help from probably the State.

From a Commission public hearing, 1989

SYSTEM COORDINATION

How do you motivate a community, or who's the person in the community that is the sparkplug to generate the interest and put all these resources together and get this thing going. Who does that?

From a Commission public hearing, 1989

Statement of Need

Just as it was for the 1979-1980 planning committee, **lack of system coordination** was a prevailing theme throughout the Commission's planning process. Participants used the term "system" when discussing planning and advocacy on behalf of children and youth, as well as the range of services and programs designed for them and their families.

The regional council conferences specifically addressed the following system coordination issues:

* No single agency, organization or office has responsibility for identifying and coordinating funding sources across programs for children and youth.

* No focal point exists for the organized development of public and private funding opportunities for children and youth programs.

* No single agency, organization or office is proactive in addressing the needs of all children and youth, regardless of income or family status, whether "at risk" or problem-free.

* No single agency, organization or office is responsible for ensuring sensitivity to racial, cultural and socioeconomic issues surrounding programs for children and youth.

* No one agency or program is responsible for promoting early identification and intervention across programs for children and youth.

* No single office has the duty to gather, publish and disseminate data regarding children and youth needs and resources.

* No one office fosters research and evaluation of relevance across program boundaries.

* There is no focal point for convening and communicating among child advocates and professionals, including the circulation of information and news of interest across programs.

* No one body is responsible for promoting children's rights as a public agenda.

* There is no agency, organization or office responsible for promoting youth issues as community issues in which all Idahoans, including youth, have a stake.

Existing and Potential Resources

During its first ten years, the **Idaho Commission for Children and Youth** and its staff were federally funded through the Office of Juvenile Justice and Delinquency Prevention (OJJDP). While duties and responsibilities have been expanded through Executive Order (pages i-ii), the structure of the Commission and the staffing of the Office for Children and Youth have remained the same.

Now, federal funds coming to Idaho through Head Start and child care legislation provide the opportunity to restructure the Commission and to staff it for fulfilling responsibilities beyond the scope of juvenile justice. The potential resources consist of $85,000 for a Head Start central office and $3.7 million for child care development and subsidies, including $46,250 in discretionary funds. These funds would be in addition to the annual OJJDP funding of approximately $325,000 and State appropriation of $59,000 to the Office for Children and Youth.

A statewide network of **regional, county and/or community councils** is necessary to promote opportunities for children and youth at the local level. Local organizations, in turn, can provide advice to the State level on local problems, needs and resources. The statewide network can be built upon the framework of existing bodies, e.g., regional councils formed in the early 1980s to promote

OJJDP efforts, multidisciplinary teams now organizing on the county level to address problems of children at risk and proposed community councils for the prevention of child abuse. At the State, regional and community levels, there are a myriad of other councils, advisory groups, task forces and committees which are attached to programs or agencies or organized independently around children and youth issues.

Powerful resources are resident in **Idaho's colleges and universities**. These should be tapped for their interest and expertise in promoting opportunities for Idaho's children and youth. Roles for scholars and educators include direct participation on the Commission and related advisory groups, research and evaluation and professional and paraprofessional training.

GOAL 1 BY THE YEAR 2000, ESTABLISH A SYSTEM TO FACILITATE THE STATEWIDE COORDINATION OF EFFORTS, TO ADVISE ON THE MOST EFFECTIVE USE OF RESOURCES AND TO ADVOCATE FOR ATTENTION TO YOUTH ISSUES IN IDAHO.

Objective 1.1 By 1992, restructure the Commission for Children and Youth to include representation adequate for its responsibilities, and staff an Office with expertise in these additional areas.

Strategies:

* Recommend that upcoming revisions to the Commission's Executive Order maintain their broad duties and responsibilities across children and youth issues. However, the Commission membership should be restructured to bring attention to these duties. In restructuring the Commission, build upon existing groups.

  - Maintain the Commission with its present membership as an advisory board regarding OJJDP functions. Change name to State Juvenile Justice Advisory Board. This group and specialized staff in the Office for Children and Youth would continue to be funded by OJJDP.

  - Maintain the membership of the Governor's Task Force on Children at Risk as the advisory board regarding issues of children at risk. The interests of this group may be broadened beyond its present focus on child sexual abuse and include, for example, representation concerned with prenatal care, child health and teen pregnancy. The State will continue to apply for federal funding for the Task Force, but the Office of the Attorney General may be interested in supporting this group.

  - Use administrative and discretionary funds forthcoming through federal Head Start and child care legislation to support an advisory group for child development issues. Funding should be adequate to hire specialized staff support in the Office of Children and Youth.

The "blue ribbon" Commission with duties and responsibilities cited in the Executive Order should include the chairs of the above listed groups and agency directors of the Department of Health and Welfare, the Department of Employment, the State Department of Education and the Department of Commerce. To support the highest level of credibility for children's issues, consideration should also be given to appointing esteemed scholars and members of the judiciary to the Commission.

* Use federal resources coming to Idaho for administration of juvenile justice and delinquency prevention (OJJDP), Head Start and child care to fund personnel qualified in those areas in the Office for Children and Youth. In addition to the three specialists identified above, a minimum of three administrative and clerical staff is required.

Lead Agencies and Organizations:

Office of the Governor, the Commission, Office of the Attorney General, directors of the departments of Health and Welfare, Employment, Education and Commerce

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Objective 1.2 By 1992, devise a system for publicizing, evaluating progress toward and updating the ten year Plan.

Strategies:

* The Office for Children and Youth will disseminate this Plan to Commission members and other participants in the planning process. To stimulate public interest, the Office will also develop and widely disseminate a brochure containing the Plan goals and objectives.

* The Office for Children and Youth will design an evaluation tool, including baseline data, to measure progress toward the goals and objectives of this Plan. This will require working with the agencies which are the primary repositories of relevant data, especially the departments of Health and Welfare, Education, Commerce and Employment. The Commission will seek participation in research and evaluation from Idaho's colleges and universities.

* Annually, the Commission will review this Plan and the progress toward its goals and objectives. Necessary revisions should be made every two or three years. Attention should be given to revising and developing new strategies to keep pace with changing social, economic and political climates.

Lead Agencies and Organizations:

Office for Children and Youth, the Commission

Objective 1.3 By 1994, establish a statewide network of regional and/or community councils to implement the goals of the Commission at the local level and to advise the Commission about local needs and resources.

Strategies:

* Examine the possibility of merging existing regional councils with regional groups organized under the State Juvenile Justice Reform Act of 1989. These regional groups would link with the State Juvenile Justice Advisory Board.

* Involve the local multidisciplinary teams forming to facilitate child abuse investigation and prosecution (see page 80) and community councils focusing on child abuse prevention in a statewide network for providing advice on issues concerning children at risk.

* Involve statewide Head Start programs and regional child care resource and referral agencies in providing advice to the Commission through the advisory group on child development issues.

Lead Agencies and Organizations:

The Office for Children and Youth, the Commission, advisory groups to the Commission, multidisciplinary teams, regional and/or community councils

Objective 1.4 **By 1998, identify an effective organizational structure for coordinating efforts and advocating for attention to children and youth issues in the twenty-first century.**

Strategies:

* Based on the evaluation and review of the Plan indicated under Objective 1.2, determine the Commission's effectiveness in moving Idaho toward accomplishment of all of the goals in this Plan.

* Hold another round of statewide public hearings to identify new issues and reframe old issues confronting Idaho's children and youth as they approach the Year 2000. Use findings from this process as the basis for development of a new plan for the first decade of the twenty-first century.

* Consider legislative mandate for the Commission and the Office for Children and Youth as a natural evolution from its past experience, based on executive orders.

Lead Agencies and Organizations:

The Office for Children and Youth, the Commission, the Office of the Governor

I think that communication between policy makers, funding institutions and the general public must be improved, with more emphasis on sharing and disseminating important data among serving agencies.

Maybe we should be looking at those sources where people automatically get their information anyway. If you have a predominant religion in a community, tap that source. Maybe we should be working with the clergy and officials from those denominations that already have a system of giving information. They have a captured audience.

From the Commission's public hearings, 1989

JUVENILE JUSTICE

For me, the key to juvenile justice reform is to make sure that nobody slips through the cracks; each offender has a chance to be treated as an individual, and nobody is a criminal and nobody can be considered lost to the criminal world until after that child has become an adult.

From a Commission public hearing, 1989

Statement of Need

Idaho's juvenile justice system consists of over 50 separate State and county agencies which have no formal system of communication. At the State level, coordination of duties and responsibilities between the Department of Health and Welfare and the Office for Children and Youth occurs informally. The roles of other systems, especially the education, employment, substance abuse treatment and mental health services, are unclear. System shareholders lack the common vocabulary necessary for defining and approaching juvenile justice issues.

Presently, both the Department and the Commission collect data from counties to support identification of needs and evaluation of progress in the State juvenile justice system.

The Department of Health and Welfare collects data on juvenile justice services provided through county probation services and through its own offices. **For FY 1989, 38 of the State's 44 counties reported 8,414 law violations committed by 6,621 juveniles** (4,998 males and 1,623 females). (The six missing counties are estimated to have had less than two percent of the total violations.) During the same period, the Department provided family-centered social services to 2,463 youth and their families; 237 more youth were served through the Department in FY 1989 than in FY 1988. (DHW Bureau of Juvenile Justice unpublished data)

The Commission's records show that, **in 1989, 219 juveniles were housed in adult jails and 45 status offenders were held in locked facilities** for over 24 hours (Idaho Commission for Children and Youth unpublished data). While this represents a significant reduction from past years, it verifies that the rights of some juveniles are still being violated in Idaho. The Commission is also aware that

many young people face the court without counsel and without full knowledge of their rights.

Currently, four regions of the State have access to detention facilities; detention facilities have not been developed in regions I and II. Six of seven regions have nonsecure holdovers. Joint powers agreements among counties are in place to facilitate local access to regional facilities. However, **in no area of the State is there a full continuum of alternatives for preadjudicated juveniles and other critical services** needed by all youth.

Participants in the regional council conferences held by the Commission stressed **the need to establish mechanisms to ensure that detention facilities are used only when absolutely necessary**. Their stated preference was for the development of alternative, community-based programs, rather than facility-based programs. Further, they called for case management and treatment services for all juveniles, not just those who are committed. They expressed grave concern that the rights of juveniles should be protected.

In 1989 the Administrative Office of the Courts reported filing of 6,586 petitions under the Youth Rehabilitation Act (superseded by the Juvenile Justice Reform Act (JJRA) of 1989 which went into effect in January 1990). After a decline in petitions for most of the 1980s, the number of petitions filed approached the higher numbers seen in the 1970s. (DHW Bureau of Juvenile Justice unpublished data) This is a matter calling for attention from the adult corrections system, as well as from the juvenile justice system. Governor Andrus recently appointed a work group to address issues related to adult incarceration, and preliminary findings indicate that **most adult inmates in the Idaho correctional system have juvenile records**. (Incarceration Work Group draft recommendations)

Finally, the Commission's planning process revealed **a philosophical problem regarding "ownership"** of the juvenile delinquency problems. An imminent concern of communities is that youth offenders be held accountable for their actions. The Department's family-centered services seek to empower families to hold their children accountable, but responsibility for the solutions does not rest with agencies and families only. The Department's philosophy further holds that youth problems are community problems, with prevention and solutions being responsibilities for the entire community.

Existing and Potential Resources

The **counties and the Department of Health and Welfare** are the major providers of juvenile justice services in Idaho. County programs all operate differently, but county and State personnel coalesce as a network through **Idaho Juvenile Justice Association**. While this organization is new, it has potential for significant contribution to the strategies set forth below.

Family-centered juvenile justice practice is being developed by the Department of Health and Welfare, Division of Family and Children's Services. Family-centered approaches to juvenile justice recognize the role of the family in a youth's development, as well as the need to hold youth accountable for their individual behaviors. Interventions are intended to enhance or re-establish the family's capacity to help the youth adapt constructively to his or her environment. (Woodworth 1990, 2) Services include risk assessment, family assessment, family case planning and case management, family therapy, referral to other treatment resources, day treatment and out-of-home care with emphasis on return to the family. Family-centered practice promises to improve the effectiveness of juvenile justice services in Idaho during the next ten years.

The **Idaho Youth Services Center (IYSC)** under the Department of Health and Welfare is the State's most restrictive institution for juvenile offenders. Youth may be placed by the Department at IYSC only after they have been adjudicated under the JJRA and only when they meet certain criteria. During recent years, less than 100 youth reside at IYSC at any one time. During the late 1960s, 230-240 youth were at IYSC at a time. (DHW Bureau of Juvenile Justice Annual Statistical Report 1989, 30-35) The reduction in youth at IYSC reflects the State's concurrent development of community-based alternatives for juvenile offenders. IYSC supports the family-centered philosophy of the Department.

The **Commission for Children and Youth** is responsible for administration of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Act of 1974, as amended, in Idaho. To maintain eligibility for these federal funds, Idaho must comply with the mandates of the Act which require:

- Deinstitutionalization of status offenders;

- Separating juveniles by sight and sound from adult prisoners; and

- Removal of juveniles from adult jails.

Idaho has participated in OJJDP efforts since 1975 and has received over $3.5 million in OJJDP Act funding. The funds are used at both the State and local levels for the purposes set forth in the Act:

- To develop services which will prevent youth from being removed from their homes and from becoming involved in the juvenile justice system;

- To maintain the family unit;

- To improve treatment services for youth involved in the system; and

- To improve treatment services for youth who are in out-of-home placements, incarcerated or returning from out-of-home placement.

The approximately $325,000 annually granted from OJJDP to the Office for Children and Youth may be used in coordination with JJRA county assistance funds to develop the continuum of community-based alternatives for juveniles.

The JJRA established a **State Youth Corrections Account** from the $10.00 fee assessed on each petition filed. Annually, this is expected to generate about $60,000. The funds are to be used to implement recommendations by the Board of Health and Welfare for a variety of purposes, e.g., for work/restitution programs.

Mediators and advocates can assist in addressing children's rights issues. The "Peaceful Settlements" conferences held in recent years have produced a network of skilled mediators in every community of the State (Patterson 19 Dec. 1990). These people--attorneys and human services professionals--have the expertise to assist juvenile offenders individually, as well as to advocate collectively. A newly organized children's advocacy group, the Idaho Children's Agenda, may be a resource for promoting juvenile justice issues through the media and through the political system. The Court Appointed Special Advocate (CASA) program should also serve as a resource to the juvenile justice system (Woodworth 24 Oct. 1990). CASAs are active as advocates for child abuse victims and are discussed in more detail in the Child Abuse section of this Plan (page 79).

A fragmented juvenile justice system, with unevenly distributed services, has been a major barrier in Idaho's efforts to remediate the problems associated with youth crime. However, the passage of the JJRA and a 1990 legislative funding appropriation for juvenile detention facilities have given Idaho the opportunity to design a cohesive system. The goal, objectives and strategies below call for Idaho to develop a system that is effective for addressing the needs of juvenile offenders, their families and their communities, while recognizing the rights of young people.

GOAL 2 BY THE YEAR 2000, DEVELOP A COMPREHENSIVE, COHESIVE SYSTEM WHICH WILL ASSURE THE RIGHTS OF AND JUSTICE FOR JUVENILES IN IDAHO.

Objective 2.1 By 1992, in order to eliminate entirely the use of adult jails for detaining juveniles, provide appropriate secure and nonsecure alternatives in every region.

Strategies:

* In order to ensure the limited and appropriate use of detention facilities, every program must have in place, as a condition of funding, uniform assessment criteria. The facilities must provide 24-hour assessment services 365 days a year and be administered by trained professional staff. They must ensure the necessary arrangements for education, health care, substance abuse and other treatment and family visitations.

* Through the licensing and monitoring functions of the Department of Health and Welfare, assure that assessment criteria are being appropriately applied and other standards are being met. Further, the Department should provide technical assistance in the development of criteria, with focus on diversion to other alternatives, and training in their application.

* In every region of the State, develop a continuum of alternatives to detention, including nonsecure predisposition options for juveniles who are accused, but not yet settled judicially. Alternatives should include: short-term secure holdover facilities for juveniles in immediate crises; nonsecure holdovers in a variety of settings such as a motel room, converted jury room or courthouse conference room; home detention; electronic monitoring; shelter and group home care. These alternatives should be accessible in every county.

* The Commission for Children and Youth will support legislation for continued State funding for operation of detention services and the development of alternatives which counties are presently unable to afford. As prerequisites for funding, the community should have a plan for systematic program development and a commitment of local matching funds.

* The Commission will also pursue changes to State law to preclude the jailing of juveniles and the detaining of status offenders.

* Cooperation between law enforcement, probation and court professionals is essential in developing the continuum of resources.

  - Those involved in juvenile justice at the community level should develop system protocols to guide placement in detention and alternate resources.

  - Each community should develop a resource list of alternatives for youth who do not fit the criteria, i.e., a list of nonsecure detention options and other services.

  - The key system shareholders should devise strategies to gain community support, e.g., from businesses, other services providers, schools and families. These efforts could be mobilized through local groups, e.g., the regional and/or community councils.

Lead Agencies and Organizations:

Department of Health and Welfare, Idaho Juvenile Justice Association, the Commission, juvenile justice advisory group, regional and/or community councils

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Objective 2.2 By 1994, have in place a statewide juvenile justice system which has the capability to maintain petitions at or below the 1989 level (two percent of the State's youth population).

Strategies:

* During the coming year, the Commission will assist the Department and the Idaho Juvenile Justice Association in convening a summit of juvenile justice experts to define a comprehensive juvenile justice system for Idaho. The results should be published in the form of a State Juvenile Justice System Plan, which would be built upon and operationalize the goals and objectives set forth in this Plan. The process and the plan should address the following:

- Clarify the roles and responsibilities of the players within the juvenile justice system. Establish a common vocabulary for defining juvenile justice problems and solutions.

- Clarify relationships with other systems, e.g., schools, drug and alcohol treatment, mental health services and employment resources.

- Establish program goals, objectives and standards and mechanisms to evaluate them.

* Formally identify the roles and responsibilities of and mechanisms for coordination between the Department and the Commission. Address responsibility for service delivery, policy development, monitoring, evaluation, research and advocacy (for professionals and paraprofessionals in the field, as well as for youth).

  - Identify responsibility for and establish a regular, formal mechanism for the collection of data from and dissemination of reports to counties.

* Create a human resources development program for both public and private sector personnel involved in the juvenile justice system. As part of this program, promote the use and acceptance of paraprofessionals in the juvenile justice system. Develop training plans which address the needs of all types of personnel: paraprofessional and professional service providers, law enforcement personnel, prosecutors and judges.

* Encourage the development of action plans at the local level which identify local needs, resources and solutions and define the roles of involved public and private agencies, organizations and other community groups.

Lead Agencies and Organizations:

The Department of Health and Welfare, the Commission, Idaho Juvenile Justice Association, juvenile justice advisory group, regional and/or community councils

Objective 2.3 **By 1996, in every Idaho community establish programs and practices that will result in preventing offenses and diverting youth from the juvenile justice system, yet hold them accountable for their actions.**

Strategies:

* The Commission will encourage statewide and local efforts to promote public awareness of juvenile justice problems and community ownership of their solutions. Priority should be given to campaigns designed to prevent youth problems and enhance youth development.

* The Commission will promote local efforts to develop diversion and youth accountability programs which focus on youth prior to their establishing patterns of delinquency. Support the involvement of civic and youth groups in these efforts. OJJDP and State dollars may be used in tandem to fund local programs. Communities should provide plans for systematic program development, avoiding duplication of services, prior to receiving funds from either source.

* Roles for the schools include using school resource officers and developing alternative education programs. Related strategies are included under the Education (pages 103-114) and Substance Abuse (pages 115-122) areas of this Plan. In turn, schools need assistance from the juvenile justice system in handling truancy and absences. Solutions to these problems should help prevent ensuing delinquency.

* In every region, furnish a continuum of system responses and programs designed to teach youth to be accountability by providing clear consequences for their illegal behavior.

    - These should include, first and foremost, interventions which help families maintain control and hold their children accountable.

    - Through the Department of Health and Welfare, ensure that all youth have case managers and employ trackers for those who require intensive supervision.

- Other community-based responses should include counseling, education, restitution programs and shelter or attention homes.

* Encourage the judiciary statewide to act in a timely manner in directing juveniles to programs to repay the victim, thereby increasing the connection between crime, court experiences and consequences. Probation and other court decrees will specify the time frames.

* Work through Job Service offices and local employers toward developing comprehensive work programs for youth, to introduce them to the "world of work" and to develop job skills.

  - Advocate for the inclusion of relevant youth programs in every regional job training plan developed in pursuance of the federal Job Training Partnership Act (JTPA).

  - Whenever possible, pay youth for attending pre-employment activities and provide them jobs as means to pay restitution.

* Develop restitution and community service programs as sanctions (i.e., performance contracts, suspension of privileges, time-limited restrictions based on performance contracts, extended probation, fines) for adjudicated juveniles.

  - Work through the Department of Employment to resolve liability and workmen's compensation issues which present barriers to youth employment opportunities.

* Empower youth groups to apply positive peer pressure strategies to impact juvenile crime and promote healthy alternatives. Encourage the development of a statewide network of youth groups as an adjunct to the juvenile justice system.

* Amend the JJRA to ensure access to diversion and other community programs for youth prior to commitment.

Lead Agencies and Organizations:

The Commission, the Department of Health and Welfare, Department of Employment, juvenile justice advisory group, regional and/or community councils

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Objective 2.4 **By 1998, ensure access to treatment resources by all juvenile offenders and their families regardless of system of supervision, i.e., county or State, to reduce repeat offenses.**

Strategies:

* Priority should be given to developing, within every Department of Health and Welfare office, the capacity to provide necessary family therapy and support services, including follow up, for youth referred to the Department.

  - Case management should be provided for every family to ensure their participation in the treatment process, whether the youth remains in the home or is temporarily served outside the home.

  - Other community-based strategies offered in every region should include intensive supervision ("trackers"), day treatment, independent living skill building and short-term residential treatment.

* In order to provide access to health care and medical services for those youth not otherwise insured, advocate for coverage of juveniles in detention facilities under the new Idaho Medical Assistance Program (IMAP).

* Support efforts of the Governor's Task Force on Children at Risk to promote access to specialized treatment programs for juvenile sex offenders. For juveniles in need of such services, make use of the effective private sector programs now developing in Idaho, e.g., SANE.

* In coordination with the Department of Health and Welfare Bureau of Family Services, follow and participate in implementation of the Jeff D. settlement (see page 65) which requires development of community-based treatment for children and youth with serious emotional disturbances. Support the development of mental health resources compatible with the

behavioral and emotional needs of youth served through the juvenile justice system.

* Ensure access to substance abuse treatment services (pages 115-122 and Goal 10 of this Plan).

  - Work with private treatment providers to develop or modify programs for effectiveness with juvenile offenders.

  - Develop coordinative mechanisms to alleviate the confusion which results because alcohol offenses by juveniles are handled in adult courts. (This may require a statutory change.)

Lead Agencies and Organizations:

Department of Health and Welfare, Idaho Juvenile Justice Association, public and private treatment providers, Office for Children and Youth

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Objective 2.5 By 1999, take action to ensure the rights of and improve justice for juveniles statewide.

Strategies:

* Ensure the due process rights of youth by requiring court-appointed attorneys for those who do not have access to their own representatives.

* Develop mutual system-wide understanding regarding the role of the judiciary in the juvenile justice system. Offer training for judges; ask to present at their conferences. Provide judges with comparative data to demonstrate sentencing norms.

* Encourage the use of mediation in the juvenile justice system.

* Encourage the use of youth advocates in monitoring the court process, providing support for youth facing the juvenile justice system and developing alternative plans to detention for individual youth.

* Explore the feasibility of developing a professional juvenile court system or a family court system (see Objective 6.5, page 74) in Idaho. This must be a cooperative endeavor involving the judiciary, prosecuting attorneys, scholars, youth service professionals and advocates; the Commission would be an appropriate convener.

Lead Agencies and Organizations:

The Commission, the Department of Health and Welfare, advocacy groups, Idaho Juvenile Justice Association, juvenile justice advisory group, regional and/or community councils

We as a community, as a society, have a responsibility to do the very best that we can for youth the first time they get into trouble, so that we don't have to continue to build prisons to put them away in and to warehouse them for the rest of their lives.

The wider community involvement people are urging is important, but the critical thing we often forget is that, unless we involve the young people in the solution, it is going to be something we do to them rather than working with them, and they are not going to go for it.

I think the main institution is the family. I think the families are often involved and these other institutions are trying to pick up that role, and, if an ounce of prevention is worth a pound of cure, then perhaps we should be directing some attention to the families and educating the parents, holding them responsible and making them accountable for the care and upbringing.

I have often wondered if I spoke to the kids and shook their hands and asked them how they were doing and got acquainted with them, I have wondered what that would do.

From the Commission's public hearings, 1989

PRENATAL CARE

We really need to return to the basics and look at doing outreach to work with parents, expectant mothers, prior to the emergency room and delivery crisis. And there is nothing that sophisticated about it; it's just reaching out and making sure that prenatal care is available.

From a Commission public hearing, 1989

Statement of Need

The need for **access to early and comprehensive perinatal care** services is thoroughly addressed in the Idaho Public Health Plan, Fiscal Year 1991, Idaho Department of Health and Welfare, Division of Health (1990). Indicators of the quality and quantity of perinatal care services include infant and neonatal mortality and low birthweight. Following are the current facts:

* Composite data from 1985-1987 demonstrate that the U.S. rate for white infant deaths (9.0 deaths per 1,000 live births) is lower than the Idaho rate of 10.7. (120)

* Among white births, the 1985-1987 data for the U.S. show a rate of 5.8 neonatal deaths compared to Idaho's 6.4. Since nonwhite races have higher infant mortality rates, comparison of U.S. and Idaho white race mortality rates assumes more significance because of Idaho's small nonwhite population. (120)

* Two-thirds of the neonatal deaths in the U.S. are attributable to low birthweight. Babies who survive are more likely to need costly special care, possibly for lifetime physical or mental disabilities, than those with higher birthweights. Composite data for white births in 1985-1987 show Idaho's low birthweight percentage (5.4) ranks higher than other northwestern states (4.3-5.0), but lower than the U.S. percentage (5.7). (120-121)

* The Idaho Infant and Perinatal Mortality Study, 1986, concluded that **the infant mortality rate was six times higher for babies whose mothers had no prenatal care**, compared to those whose mothers received care in the

no prenatal care, compared to those whose mothers received care in the first trimester of pregnancy. Trend data for Idaho 1984-1988 demonstrate a steady decline in the percentage of pregnant women who began prenatal care in the first trimester of pregnancy, with only 71.9 percent beginning care early in 1988. This puts Idaho below the most recent U.S. rate (75.9 percent in 1986) for women beginning prenatal care during the first trimester of pregnancy. (121)

* Risk factors for poor pregnancy outcomes are more prevalent among low-income women, placing this segment of the population at greatest need for comprehensive prenatal care services. The Department of Health and Welfare estimates that 8,341 Idaho births in FY 1991 will be to women below 185 percent of the federal poverty level. While the income level for eligibility for pregnancy services financed by Medicaid was recently increased, **access to comprehensive prenatal health services is restricted by a shortage of providers of care for low-income women.** (122)

* Access to health care, particularly obstetrical care, in rural Idaho, is at a critical point. A 1989 survey of physicians in Washington, Alaska, Montana and Idaho found that during 1987-1988, 36 percent of family practitioners/ general practitioners had decreased or stopped obstetrical practice. (36)

* Not all restrictions to care are attributable to the service delivery system. Some pregnant women do not recognize the need for early prenatal care or the importance of not smoking, drinking or using drugs during pregnancy. Other women are unaware of available services or believe seeking prenatal care later in pregnancy will result in reduced physician charges. A few women are unwilling to admit they are pregnant until the signs are unmistakable, thereby delaying needed medical attention. (122)

The statements above support, with facts and figures, testimony provided to the Commission for Children and Youth through public hearings and through deliberations at the regional council conferences. In relation to the last point, during the Commission's proceedings, participants indicated that traditional outreach and education methods have not been effective in reaching racial and cultural minorities in the State. Therefore, Objective 3.1 below is devoted to developing a special effort to reach these groups.

Teenagers who become pregnant are of special concern to the Department of Health and Welfare and to the Commission. The issue of "children having children" was raised throughout the Commission's planning process. While this section of the Plan contains strategies to assist pregnant teens, as well as other pregnant women, the ideal solution is to prevent teen pregnancy. Thus, pages 123-128 and Goal 11 of this Plan highlight teen pregnancy as an problem requiring special attention. Teen parent concerns are also covered in the Child Care (pages 93-102) and Education (pages 103-114) sections.

Existing and Potential Resources

Prenatal care is one of the most effective strategies for preventing low birthweight, infant deaths and other complications of pregnancy which cause severe illness and disability to newborns. Researchers have determined that early and continuous prenatal care is extremely cost-effective. By reducing the incidence and severity of unhealthy babies, **prenatal and infant care can save two to eleven dollars for every preventive dollar invested**--and considerably more if long-term costs were included. (Idaho DHW Health 1990, 121)

The Omnibus Budget Reconciliation Act of 1989 (OBRA 1989) expanded **Medicaid** eligibility to an additional 3,300 pregnant women and 25,600 to 28,600 children (Idaho DHW Health 1990, 35), as of October 1, 1990. The **PWI-AFDC (Pregnant Women and Infants)** program covers women with family incomes below 133 percent of the federal poverty level (with no resource limits) throughout their pregnancies. The Department of Health and Welfare, Division of Welfare, reports that higher reimbursement rates and cooperation between the public and private sector are beginning to yield a larger number of physicians willing to accept Medicaid patients. (Murdock 24 Dec. 1990)

The table showing the 1990 federal poverty level is provided, because it is used to determine eligibility for several benefit programs discussed in this Plan.

1990 FEDERAL POVERTY LEVEL

Family Size	Annual Income
1	$ 6,290
2	$ 8,420
3	$10,560
4	$12,700
5	$14,840
6	$16,980
7	$19,120
8	$21,260

For family units with more than eight members, add $2,140 for each additional member.

Source: Department of Health and Welfare, Division of Welfare, Idaho Health Care Conference, Pocatello, 17 Nov. 1990

Figure 3

Women with incomes below 185 percent of the federal poverty level are eligible for the **Improved Pregnancy Program (IPP)**. IPP assures access to early, comprehensive perinatal care to at-risk women and their infants. The women receive medical, nursing, nutrition, social and dental services targeted to reduce risk factors associated with poor pregnancy outcome. Services are provided at 14 sites throughout the State through contracts with district health departments and Bannock Regional Medical Center, Pocatello. (Idaho DHW Health 1990, 120) IPP is funded through federal Maternal and Child Health Care block grant funds which were reduced beginning October 1990. (Adrian 3 Oct. 1990)

The Department of Health and Welfare, through both the Division of Health and the Division of Welfare, works with private providers to maximize use of public resources for prenatal care. The **Idaho Perinatal Project**, which has a membership of 20 obstetricians, pediatricians and other professionals, has contracted through the IPP for an infant mortality study to be conducted during 1991. This research promises to bring insight into the problems identified in the statement of need. The IPP also maintains contact with the **Idaho Medical Association's Committee on Access to Perinatal Care**. (Bruck 26 Dec. 1990) **Hospitals** are becoming involved in efforts to improve access to care; Bannock Regional Medical

Center, for example, holds a pregnancy clinic, in cooperation with the district health department and local obstetrician/gynecologists, which is open to all pregnant women. (Murdock 24 Dec. 1990)

The federally funded **Special Supplemental Food Program for Women, Infants and Children (WIC)** is available to participants identified to be at nutritional risk through other programs, e.g., Medicaid, Aid to Families with Dependent Children (AFDC), food stamps, Head Start, Expanded Food and Nutrition Education Program (EFNEP). The WIC program currently provides nutrition education and nutritious foods to pregnant, postpartum and breastfeeding women, infants and children under age five through the seven health districts and two Indian agencies (at Lapwai and Fort Hall). Seventy-eight percent of the FY 1990 grant is earmarked to purchase supplemental foods for participants through a check redemption system with Idaho food retailers. (Idaho DHW Health 1990, 140-141) The **Maternal and Child Health (MCH) Nutrition Program** also provides technical assistance and nutrition education to IPP projects (Idaho DHW Health 1990, 131).

Participants in the Commission's planning efforts noted the physician shortage. They also expressed the belief that **nurse practitioners and physician assistants** are valuable health care resources, especially for providing quality prenatal and well-child care. However, the Idaho Citizen's Network reports that restrictive certification requirements for nurse practitioners make Idaho a less attractive place to work than most other states. "Joint promulgation", a process by which nurse practitioners must be certified by both the Board of Nursing and the Board of Medicine, limits the ability of Idaho communities to recruit these health professionals. (Citizen Networker 2,3: 15)

The **Idaho Citizen's Network** and the **Department of Health and Welfare, Division of Health,** are independently working on approaches to resolving the health professional shortages. Idaho Citizen's Network is also developing proposals to address the issue of rising health care costs. Because these problems affect access to child health care, as well as to prenatal care, relevant strategies are discussed in the section on Child Health Care (pages 37-50).

Idaho is developing several programs to address the problems indicated in the statement of need. The goal and objectives below seek to support and enhance those efforts.

GOAL 3 BY THE YEAR 2000, INCREASE THE HEALTH STATUS OF MOTHERS AND INFANTS, AS REFLECTED IN REDUCED INCIDENCE OF MATERNAL AND INFANT MORBIDITY AND MORTALITY FOR IDAHO.

Objective 3.1 By 1993, develop and implement an outreach plan to ensure that women who are not in contact with traditional health care systems receive prenatal care in the first trimester of pregnancy.

Strategies:

* There is a national objective that: "By the year 2000, 90 percent of all pregnant women shall receive prenatal care in the first trimester of pregnancy." The Idaho Public Health Plan sets objectives striving toward that level. (Idaho DHW Health 1990, 125) This objective is designed to reach the other 10 percent.

  - The Commission, through regional and/or community councils, will identify populations, such as migrant farm workers and refugees, who are not in contact with traditional health care and educational systems and develop personalized outreach capability.

  - The Commission will identify special materials and strategies to inform these populations of services and resources available, as well as the importance of early prenatal care and good health practices in pregnancy.

* Work with the Department of Health and Welfare, through both the Division of Health and Medicaid program (PWI-AFDC), and district health departments in their efforts to increase interagency communication for case finding and referral into services. Promote linkages between agencies and organizations that provide prenatal care information, through conferences, newsletters, regular meetings, etc.

* Improve the flow of public information through all community agencies, including schools, work sites, tribal councils, public/private partnership groups, churches, clinics and other organizations. The message should

relate the importance of seeking prenatal care during the first trimester and the dangers of smoking and using alcohol and drugs during pregnancy.

* Seek funding to support the preparation and distribution of relevant prenatal care information.

  - Support the use of informational materials in bilingual formats. Ensure that existing materials are current. Develop new materials as needed for other language groups.

  - Support development of indigenous health educators to provide outreach and disseminate information.

Lead Agencies and Organizations:

The Department of Health and Welfare, the seven district health departments, advocacy groups for minorities and low-income people, the Office for Children and Youth and the Commission

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Objective 3.2 In all regions establish programs designed to reduce rates of infant mortality, neonatal mortality, postneonatal mortality, fetal death, maternal mortality and the percent of infants born with low birthweight, by 1999.

Strategies:

* Annually, review and support the goal and objectives of the Improved Pregnancy Program (IPP) as presented in the Idaho Public Health Plan (Idaho DHW Health 1990, 122-130).

  - The Office for Children and Youth will establish regular communication with the Bureau of Maternal and Child Health to keep abreast of IPP plans and activities.

  - The Commission might be able to assist by identifying population groups who are not receiving care through the traditional health care system and making recommendations for inclusion in the Idaho Public Health Plan.

* The Commission will become apprised of and support the implementation of the Medicaid PWI-AFDC program .

* The Commission will support public and private sector collaboration to make prenatal care accessible and effective (e.g., through the Bureau of Maternal and Child Health, the Idaho Perinatal Project, the Idaho Medical Association and hospitals) for all Idaho women.

* Encourage the development of legislation designed to improve access and affordability of prenatal care for all women. This will involve examination of proposals related to health insurance, contained in the Child Health Care section of this Plan.

* Work with the Idaho Citizen's Network, the Idaho Nurses' Association and the Idaho Medical Association on legislative proposals designed to expand health care resources in rural Idaho. Proposals under consideration include developing medical and nursing student loan repayment programs, recruiting efforts, developing community primary health care services and expanding roles for nurse practitioners and physicians' assistants. (Citizen Networker 2,3: 5, 15)

Lead Agencies and Organizations:

The Department of Health and Welfare, the seven district health departments, the Idaho Perinatal Project, Idaho Citizen's Network, the Idaho Nurses' Association, the Idaho Medical Association and the Office for Children and Youth

Commitment to universal access to prenatal care is really one of the best commitments we can make to our children's future.

From a Commission public hearing, 1989

CHILD HEALTH CARE

Access to medical care is a critical issue. A lot of people cannot afford medical care--early intervention programs for their kids with medical problems.

From a Commission public hearing, 1989

Statement of Need

General Child Health Concerns: The Idaho Public Health Plan, Fiscal Year 1991, (Idaho DHW Health 1990) supports public testimony to the Commission and discussion at the regional council conferences relevant to general child health concerns:

* **In 1988, 233 Idaho children under the age of 15 died.** Accidents were by far the leading cause of death, with malignant neoplasm being the second leading cause. Motor vehicles were involved in the majority of the accidental deaths. (83)

* Historically, Idaho's post-neonatal death rate has been higher than the national rate. **In 1988, Idaho's post-neonatal death rate was 5.1 compared to the U.S. rate of 3.6.** SIDS is the leading cause of infant deaths in Idaho and is more than twice the national rate. SIDS accounted for 59 percent of infant deaths during the post-neonatal period in 1988. (84) (See also the Child Abuse section (page 76) for a discussion of suspicious child deaths.)

* **Two of the 66 AIDS cases in Idaho in 1988 were diagnosed in children** under 13 years of age. Estimates of other health problems among Idaho children 0-5 years are shown in the Idaho Public Health Plan. (83)

* **In 1989, 160 confirmed cases of vaccine-preventable diseases were reported.** (172) Ninety percent of Idaho's kindergarten and first grade children have completed their recommended immunizations, but this compares to over 95 percent nationally. (83)

* **Dental disease** is a prevalent health problem, and the Idaho Public Health Plan discusses child-specific dental problems. (101-103) The Plan also states that, "Idaho mirrors the national trend toward a decreasing caries rate in school-age children. . . ." (102)

* To reduce **nutrition-related diseases** of adulthood, proper dietary habits must be established in children beginning at infancy. (132, 141) Presently, however, public health funding for nutrition services is limited to pregnant/postpartum women and children under age 18 within some financial restrictions. (141) Public programs do not cover all of the nutritional risk groups, which include all young children, especially those who are underweight or overweight and those who are developmentally delayed or have inborn errors of metabolism. (132, 141)

* **Idaho ranks 49th in the nation in physicians per person.** A dramatic disparity exists between rural Idaho at 74.5 physicians per 100,000 persons and urban Idaho at 199.6. As of April 1990, the Idaho Rural Health Education Center Health Professional Clearinghouse reported 56 known physician vacancies throughout the State for which communities are actively recruiting. (35)

* In Idaho, about 194,480 children have families whose incomes fall below 185 percent of the federal poverty level; 70,415 of these children are less than six years of age. While Medicaid now covers children up to age six, with family incomes up to 133 percent of the federal poverty level, **approximately 29,265 children** fall between 133 and 185 percent of the federal poverty guidelines. (83)

* **Approximately 14,280 children five years of age have no health insurance** and access primary care through hospital emergency rooms. (83)

The Idaho Citizen's Network reports that **nearly one in five Idahoans has no health insurance** and 70 percent of Idaho's uninsured are working people or their dependents. Others are displaced homemakers or people with disabilities. ("Citizen's Access Plan" [1990]) Insurance issues and the skyrocketing cost of health care were of great concern to persons testifying at the Commission's public hearings and at the regional council conferences. As one participant said, "Child health care in Idaho is financed largely out of the pockets of parents." Health insurance, for those who are covered, typically does not provide for preventive

services, e.g., well baby care, and does not cover anything until a deductible is met.

Prevention, Early Identification and Intervention: Cost is perhaps the major barrier to the prevention of, the early identification of and intervention with health problems in children. Access to well baby and early child health care is essential for the early identification of and intervention with potentially serious and long-term problems. In proclaiming early intervention week (November 11-17) Governor Andrus said:

> Money invested in early identification and early intervention services for infants and toddlers saves money in the long run by reducing the need for special education and social services later.
>
> There is an ongoing need for increased public awareness and information regarding the importance of early intervention and the need to reach all families with children at risk of developmental delay.

An estimated 2,700 Idaho children now are in need of early intervention. (Andrus 5 Nov. 1990)

Special Health Needs: The Idaho Public Health Plan, Fiscal Year 1991, says that estimates vary on how many children have **"special needs"**, including a range of physical, mental or emotional limitations from birth defects, illness or injuries; that Plan cites several national studies. (Idaho DHW Health 1990, 88-89) In Idaho:

* With a pediatric population (ages 0-19) estimated at 336,000 and 15,700 live births yearly, there may be as many as 12,000 children and 600 newborns annually with special health care needs. These estimates are based on a conservative figure of 3.5 percent of children having special health needs. (89)

* Children with special needs not only are often uninsured, but uninsurable, on the basis of exclusions by private insurance (e.g., pre-existing conditions). Even insured children may not have coverage for their ongoing therapies. (89)

Children's mental health needs were of particular concern to the Commission in its deliberations toward development of this Plan. Due to the family-centered nature of the interventions being developed in Idaho, relevant issues and strategies are presented in the Families and Parenting section (pages 63-74).

Existing and Potential Resources

The **State Child Health Improvement Program (CHIP)** provides and assures access to early evaluation and follow up case management for children in the State's WIC program who are referred to nursing and medical services. Services are provided through contractual arrangements with the seven district health departments and are intended to promote "one-stop" community-based preventive and primary care for children. (Idaho DHW Health 1990, 83) The CHIP supplements well-child services provided through the district health departments and funded by State legislative decision unit (deGlee 28 Jan. 1991).

The **State Dental Health Program** develops, coordinates and funds preventive services designed to eliminate and/or control dental disease in all segments of the population. Preventive dental services provided include topical and supplemental fluoride programs; classroom dental health education; public awareness programs; consultative services; data collection, analysis and evaluation; screening and referral; and special projects. Program activities are conducted through contractual agreements with local health agencies and primarily target school-age populations. (Idaho DHW Health 1990, 101)

Immunizations constitute one of the most effective public health programs and can save millions of dollars in long-term treatment costs. (Medlin 27 Dec. 1990) The **State Immunization Program** distributes vaccines to district health departments and primary health care clinics, in addition to providing consultation, education and information to the public and to health care providers. (Idaho DHW Health 1990, 172)

Passage of new State legislation in 1990 should advance the Program's objectives to increase the immunization levels of children. (Idaho DHW Health 1990, 174) Children in kindergarten through fifth grade are required to maintain immunizations up-to-date; the law includes strict enforcement provisions. Children in licensed child care facilities are also required to have immunizations up-to-date, and rules are currently being promulgated. (Medlin)

Nutrition programs described in the Idaho Public Health Plan, Fiscal Year 1991, (Idaho DHW Health 1990) include the following:

* Children up to the 185 percent level and under five years of age could be eligible for the WIC (Women, Infants and Children) program's nutritional benefits, but that covers only the nutritional component of their health needs. The **WIC** program currently provides nutrition education and nutritious foods to pregnant, postpartum and breastfeeding women, as well as to infants and children under age five. (140)

* The **Maternal and Child Health Nutrition Program** provides technical assistance and nutrition education to other programs which target groups at nutritional risk, e.g., IPP projects, Children's Special Health Program (CSHP), Family Planning, Genetics Clinics and other programs for mothers and children up to age 18. MCH Nutrition services will be expanded to include more of the family members through health education and cholesterol screening programs of the Bureau of Preventive Medicine. (131)

"Free" health care is sporadically available to low-income children through a **handful of free clinics** (for example, the volunteer-operated Pocatello Free Clinic), and there are a few **federally funded community health clinics** throughout the State which provide services based upon ability to pay. **Head Start** provides some screening for physical problems among their students, but, for treatment of any problems found, is to be used only as a funding source of last resort. **Idaho State University** provides some free dental services.

Medicaid is expanding as a resource for children nationally. It was noted (page 31) that OBRA 1989 extended eligibility to an additional 25,600 to 28,600 Idaho children: Beginning in 1990 children ages 0-5 with family incomes up to 133 percent of the poverty level are eligible for Medicaid and thus can benefit from the **Early, Periodic Screening, Diagnosis and Treatment (EPSDT)** component of Medicaid. EPSDT is frequently characterized as "under-utilized" in the State of Idaho (Patterson, deGlee).

The Omnibus Budget Reconciliation Act of 1990 (OBRA 1990) mandates extension of Medicaid to older-age children during coming years. Children ages 6-8 with family incomes up to 100 percent of the poverty level will be eligible in 1991. Additional age groups will be phased in over a 12-year period until all children through age 18, with family incomes up to 100 percent of the poverty level, are

covered. The State has the option of extending eligibility to those with family incomes up to 185 percent of the poverty level. (Murdock 27 Dec. 1990)

Medicaid reimbursement rates, however, must be sufficient to assure that services are available to these beneficiaries. (Idaho DHW Health 1990, 35)

In 1989 the Legislature passed a bill charging the Department of Health and Welfare with responsibility for developing a medical assistance program for low-income persons who are not eligible for Medicaid or Medicare. In the past, the 44 counties could arrange to cover all or part of the costs of care for persons they approved on a case-by-case as "medically indigent". The new legislation is intended to bring property tax relief to the counties and uniformity to the system of accessing care for persons in need of medical assistance throughout the State.

Implementation plans for the new State program, the **Idaho Medical Assistance Program (IMAP),** are presently being developed by a committee which is working in tandem with the legislative Special Committee on Health Care. Department of Health and Welfare, Division of Welfare, officials indicate that eligibility requirements for IMAP and the scope of services, as well as administrative and fiscal details, have not yet been determined. (Idaho Conference on Health Care 17 Oct. 1990) Advocates now have the opportunity to present recommendations for making IMAP responsive to the health care needs of Idaho's children, especially those from low-income families and not yet covered by Medicaid.

Governor Andrus' 1991 budget specifies $12.7 million in all funds and $4 million in State General Account funds to begin the first phase of IMAP. The first phase is proposed to include, beginning on October 1, 1991, the **Medical Needy Medicaid Option** that serves persons up to 21 years of age and over 65 years of age. (Andrus 10 Jan. 1991)

The **Idaho Citizen's Network** has been working on solutions to the problems related to the health professional shortage and rising health care costs. (Citizen Networker 2,3: 5, 15) The **Department of Health and Welfare, Division of Health**, seeks to address the physician shortage problem through designation of shortage areas which would bring federal assistance for recruiting and retaining health care professionals in Idaho. (Idaho DHW Health 1990, 37) Their proposals are included among the strategies under Objective 4.1 (pages 45-46), below.

The **State Children's Special Health Program (CSHP)** arranges, brokers and/or pays for services for certain children (ages 0-19) who require multidisciplinary care and case management for a variety of physical handicaps or special health care needs. Diagnostic work up and treatment, including physical, speech and occupational therapy, wheelchairs and other equipment, braces and appliances, physician clinics and office visits, surgeries, public health nursing, social services and referrals may be provided to children with neurological impairment, cleft lip and/or palate, cardiac defects, major orthopedic problems, cystic fibrosis, burns and certain other defects affecting function and other problems requiring long-term multidisciplinary care. The Department of Health and Welfare contracts with the district health departments for coordination of the many services required by children in this program. At a current average per-patient cost of less than $300 per child, the program achieves significant habilitative results at low cost. (Idaho DHW Health 1990, 88)

While the CSHP serves about 5,000 children yearly (about 60 percent of Idaho children with special health needs), some children with special health care needs are not being served. Because of budget limitations, whole categories of handicapping conditions are excluded from program coverage. Despite enhanced resources for payment of medical care, Idaho children with physical handicaps will continue to require case management, care coordination and other services. The CSHP has statutory responsibility for providing those services to SSI recipients under age 16. Children over age six, over 133 percent of poverty and ineligible for SSI will likely continue to require financial assistance with care from the CSHP. (Idaho DHW Health 1990, 89)

Mental retardation without associated major physical disability comprise about 16 percent of children with special needs. Programs charged with primary responsibility for that population are provided through local **school districts** for school-age children and by the statewide **Adult and Child Development Centers (ACDCs)** for children ages 0-3. For more information, see the Idaho Department of Health and Welfare, Division of Community Rehabilitation's Comprehensive Developmental Disabilities System Plan (1990-1991-1992) (1989).

Further, the **Idaho State Council on Developmental Disabilities (DD Council)** is responsible for advocating, planning, monitoring and evaluating on behalf of children and adults with developmental disabilities. The DD Council's goals address employment related activities; child development, including education and early intervention; and community living arrangements. (Visions and Values

[1990]) The DD Council efforts are detailed in several documents which are listed under Works Cited (page 134). Because of the breadth of the interventions involved, strategies related to this population are offered throughout this Plan.

Programs for children with serious emotional disturbances are provided through the Department's **Family and Children's Services (FACS)**, but these programs are reaching only those families for whom these problems have become critical. Issues and strategies related to children's mental health are presented in the Families and Parenting section (pages 63-74).

Health care is a concern for all Idahoans, and many public and private agencies, organizations and individuals are involved in seeking solutions to the problems noted above. The goal and objectives below try to blend the ongoing efforts and new proposals into a cohesive campaign for improving child health care in Idaho.

GOAL 4 BY THE YEAR 2000, ALL IDAHO CHILDREN, THROUGHOUT THEIR CHILDHOOD YEARS, WILL HAVE ACCESS TO COMPREHENSIVE HEALTH CARE.

Objective 4.1 By 1995, increase the numbers and improve geographic distribution of health care providers throughout the State.

Strategies:

* Contact the Department of Health and Welfare, Division of Health, for information on currently designated and pending health manpower shortage areas (HMSAs) and geographic areas of greater need for funding, recruitment and retention options. Seek to participate in efforts to identify and establish HMSAs and other designations.

* Work with the State Department of Education and local school districts to develop a corps of school nurses in Idaho. Nurses should be available to all schools. The purpose of school nursing is to enhance health services for school-age children, including:

  - Educating children about nutrition, healthy life styles and safety issues.

  - Identifying and serving as a health advocates for children who have special needs.

  - Developing special health education programs as needed.

  - Following up on health care needs of individual children.

* Work with Idaho Citizen's Network to develop legislation favorable to attracting health care professionals to Idaho. Proposals include:

  - Change to the Nurse Practice Act to do away with the dual certification requirement, thereby making practice in rural Idaho more attractive to these professionals. (Citizen Networker 2,3: 15)

- Legislation to create a trust fund from budget surpluses to assist communities in creating primary care clinics and recruiting health professionals. The proposal provides for matching grants of up to $50,000 to communities or nonprofit organizations for setting up primary care clinics and for up to $15,000 a year for medical or nursing school loan repayment. (Citizen Networker 2,3: 5)

- Money for rural physician educational assistance as part of the rural revitalization efforts proposed by Governor Andrus in his 1991 budget. (Andrus 10 Jan. 1991)

* Encourage the development of free and low-cost health care services, e.g., the Idaho State University dental care program, the volunteer Pocatello Free Clinic and federally funded community health clinics.

Lead Agencies and Organizations:

The Department of Health and Welfare, State Department of Education, Idaho Citizen's Network, Idaho Medical Association, Idaho Nurses' Association, the Office for Children and Youth and the Commission

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Objective 4.2 By 1997, in every region have the capability to provide the habilitative and rehabilitative services necessary to help children with disabilities realize their potential.

Strategies:

* The Office for Children and Youth will work with the Department of Health and Welfare, the State Department of Education, child advocates and families to develop a coordinated statewide system for early identification of and early intervention with children at risk. Such a system should involve the resources of Early, Periodic Screening, Diagnosis and Treatment, the Adult and Child Development Centers and the school districts, as well as public child health programs and private child health care providers. It should ensure early identification of and treatment for infants exposed to drugs and alcohol.

* Annually, the Office for Children and Youth will review the goals and objectives of the Children's Special Health Program (CSHP) (Idaho DHW Health 1990, 90-100) and support their efforts to attain these.

  - Coordinate with Department of Health and Welfare and the district health departments as they identify special health needs not covered and children in need not eligible for the CSHP. Work with the Division of Health, the Division of Family and Children's Services, the Division of Community Rehabilitation, Medicaid program, Office of Special Education in the State Department of Education and concerned organizations to identify and develop resources to meet these needs.

  - Investigate the opportunity to participate with the CSHP planning body, which must be in place by 1991 in order to comply with federal mandates. (Idaho DHW Health 1990, 98)

* The Commission will support the Department of Health and Welfare in attaining the child-related goals set for the ACDCs. Relevant service system components include: family support; residential services; evaluation, rehabilitation and education; health and prevention. (Idaho DHW Community Rehab. 1989, 52) The Commission will also support the State Department of Education in its efforts to meet the needs of this population and advocate for the smooth transition of children from ACDC programs into school programs.

* The Commission will collaborate with the DD Council in the promotion of child development activities related to prevention, identification and alleviation of developmental disabilities in children, including early intervention. Child development is a priority for the DD Council. (Visions and Values [1990])

Lead Agencies and Organizations:

The Department of Health and Welfare, district health departments, State Department of Education, DD Council, the Office for Children and Youth and the Commission

Objective 4.3 By 1999, establish a system to ensure affordable, comprehensive health care for all families in Idaho.

Strategies:

* The only way to accomplish this objective in a concerted fashion is to enact national health insurance. Other approaches are piecemeal and, when enacted, continue to exclude segments of the population. National health insurance legislation is a goal for a number of national and state-level organizations and is being actively supported by the Idaho Citizen's Network. Objective 4.1 supports development of structures necessary for access to services, regardless of insurance mechanisms. The strategies below, while supporting the piecemeal approach, can provide some relief until a comprehensive state or national program is designed.

* Encourage legislative action to ensure that families currently not eligible for public programs and unable to afford private health insurance will have reasonably affordable health insurance coverage available to them. This includes:

  - Following up on implementation of OBRA 1989, OBRA 1990 and the Idaho Medical Assistance Program.

  - Encouraging adoption in Idaho of the "medically needy" option of Medicaid to extend Medicaid benefits to families with incomes up to 185 percent of the federal poverty level.

  - Supporting an increase in AFDC eligibility limits, which will in turn, make more people eligible for Medicaid.

* Encourage the Department of Health and Welfare, Division of Welfare, to employ a children's Medicaid specialist to facilitate expansion of Medicaid as a resource for children's health care in Idaho.

* Contact the Idaho Citizen's Network regarding its proposal to create a State insurance fund to provide for medical benefits for people who are unable to obtain private insurance. The fund could be created by pooling public employees' insurance premiums with contributions from small employers

and individuals, based on their ability to pay. (Citizen Networker 2,3: 9) Assess feasibility of such a proposal.

* Work with public and private employers to develop expanded insurance benefits for employees and their families. For example:

  - Encourage those not currently offering medical insurance benefits to begin offering benefits to their employees.

  - Promote comprehensive insurance coverage--including coverage for "well child" care, mental health, substance abuse treatment, dental, vision, hearing, speech, other developmental services and immunization needs.

  - Develop plans for insurance coverage for family members at group rates for low and middle income earners.

  Demonstrate cost effectiveness and support incentives, such as tax breaks, to employers who offer progressive insurance options.

* The Office for Children and Youth will contact the Division of Health to keep apprised of preventive health, dental health and nutrition effort throughout the State.

  - Collaborate in the processes to identify child health, immunization, dental health and nutrition needs not covered and to identify and develop resources to meet these needs.

  - Support adoption of a State supplement to the WIC program.

Lead Agencies and Organizations:

The Department of Health and Welfare, district health departments, the Office for Children and Youth, the Commission, Idaho Citizen's Network

There is a two to three percent chance that a child is not going to live to be 18 in Idaho. There is a five percent chance they're going to have a chronic medical problem; all of these I'm talking about are at least partially preventable problems that affect whether kids grow up to be either physically or emotionally healthy. There is a 25 percent chance they are going to grow up in poverty. There is a three to five percent chance, maybe a little higher, that they're going to be teen parents with a teenage pregnancy. There is a 15 percent chance they have a learning disability. Probably a 20 percent chance they are struggling in school and not working up to their educational potential. There is a 25 percent chance they are going to be involved in a serious accident. There is a greater than 90 percent chance they are going to have used alcohol by the time they graduate from high school. There is a greater than 50 percent chance they are going to have used an illegal drug. There is a greater than 50 percent chance they are going to come from a divorced family. And then there is an approximately 10 percent chance they are going to have been abused during those 18 years.

When you look at all those percentages, you wonder how any kid gets to be 18 without having at least some kind of problem, and some kids don't. Some kids do get throughout without risk, but almost all kids at least get exposed to at least one of those risk factors. And I think our goal as a society is to try and prevent as much of those as possible.

I think if you look at what an 18 year-old in our society has to go through and the risk factors that they face, it is pretty amazing that we turn out enough kids who are squared away to lead us into the next generation.

From a Commission public hearing, 1989

BASIC NEEDS: PREVENTING HUNGER AND HOMELESSNESS

We see poverty as a major cause of family break ups and problems with children--both health problems and behavior problems. Many of the stressors on families and issues with children's behaviors are the result of the environments that they are living in, and we know, when we see families with insufficient incomes, those parents are not going to be able to maximize their parenting skills, nor will their children be able to reach their full potential.

From a Commission public hearing, 1989

Statement of Need

Hunger and homelessness are key indicators of poverty, and poverty is the root of several other problems presented in this Plan: lack of prenatal and child health care, teen pregnancy and delinquency. Some participants in the Commission's regional council conferences expressed the well-founded opinion that eliminating poverty would alleviate most, if not all, of the other problems confronting today's children and youth.

According to its Annual Report 1989 ([1990], 1), the Idaho Hunger Action Council (IHAC) was established in 1979 with the hope of ending hunger in Idaho. The recession of the 1980s and changes in public direction, especially at the federal level, thwarted that hope during their first ten years. What IHAC thought to be temporary emergencies seem to have become accepted aspects of our society. Rather than developing long-range policy solutions, governments now plan programs and support networks for people who are hungry and homeless, as though they are doomed to be hungry and homeless always.

According to IHAC, **21 percent of Idaho's people are economically disadvantaged; 37 percent of these are children under age 18**. In a month's time, over 80,000 Idaho children are likely to go to bed hungry. Many children eat canned food from a local food bank, rather than fresh fruits and vegetables. Many spend long hours alone with only a television set to comfort them while parents work. Many will grow up without seeing a doctor or dentist, unless they are lucky

enough to get into a Head Start program or unlucky enough to end up in a hospital emergency room.

In 1988, Shapiro and Greenstein of the Center on Budget and Policy Priorities in Washington, D.C., analyzed the poverty programs and policies of all the states (Holes in the Safety Nets: Poverty Programs and Policies in the States - Idaho). The Idaho study concluded that eligibility for assistance and level of benefits received in Idaho "are highly dependent on whether or not they [recipients] are working, married, elderly, disabled, parents, or children. Those who qualify for assistance are unlikely to receive a level of aid that lifts them to the poverty line." (1) They reported the following specifics:

* **AFDC cash assistance to single-parent households ranks 34th** among all states and the District of Columbia. Benefits for a mother with two children and no other income equalled only 40 percent of the poverty line. AFDC benefits in Idaho have declined 51 percent since 1970, after adjusting for inflation. Idaho has elected not to provide AFDC benefits to families with children in which both parents are present. (1)

* In **1986, 37.8 percent of the unemployed received unemployment insurance**, but Idaho does not participate in the AFDC Emergency Assistance Program which provides benefits "when a child's well-being is directly threatened by broadly-defined natural or domestic emergency situations." (2-4)

* Food stamps are available to two-parent families, whether working or unemployed, if their assets and income are low enough. However, **many of the working poor do not apply for food stamp benefits**, perhaps because they are unaware of their eligibility, fear the stigma involved or face other barriers to enrollment. (5)

* In 1985, 9,072 renter households in Idaho received federally-supported low-income housing assistance. Yet, in 1983, the latest year for which data were available at the time of the study, **the number of "very low-income" renter households residing in Idaho totalled 40,630**. (15-16)

Homelessness among families and children was discussed during the Commission's public hearing process and at the regional council conferences. Anecdotal evidence provided (frequently through the media, as well as through the Commis-

sion's processes) indicates that homelessness is a serious and growing problem in Idaho. In efforts to identify and serve children who are homeless, in 1989 and 1990 the State Department of Education researched the problem. The 1990 study, unpublished at the time of this writing, found **5,382 children and young people age 21 and younger who were homeless; 4,403 of these were age 18 and under**. These are very conservative figures, reflecting numbers actually receiving services from 70 human service agencies throughout the State. (Brunner 6 Feb. 1991)

Existing and Potential Resources

AFDC and related programs directed toward families are changing nationally and in Idaho. They are assuming more and more of a work focus, while actual benefits to families remain low. (Patterson 19 Dec. 1990) As of October 1, 1990, the **Job Opportunities and Basic Skills Training (JOBS) Program** for AFDC recipients is available in seven counties: Ada, Bannock, Bonneville, Canyon, Kootenai, Nez Perce and Twin Falls. The **Job Search Assistance Program (JSAP) for Food Stamp** recipients, with work registration requirements modified to correspond with JOBS, is available in four counties: Ada, Bannock, Canyon and Kootenai. The maximum **food stamp** allotments also increased on October 1, 1990, as did income eligibility limits, standard deduction and shelter deduction, to reflect cost changes. These changes were made pursuant to the federal "Family Support Act of 1988". ("Notice of Emergency Rule-Making . . ." 8 Oct. 1990)

The JOBS program provides child care assistance and support services for targeted AFDC recipients while they are participating in training programs. The targeted groups are: (1) AFDC parents under the age of 24 who have no GED or very little work experience; (2) parents who have been on AFDC at least 36 of the last 60 months; and (3) AFDC parents who will lose benefits within two years, when their youngest child becomes 18. Former JOBS participants may also receive transitional child care and support services for 12 months after losing AFDC benefits due to their earnings from employment. In the Department of Health and Welfare, the Division of Welfare and the Division of Family and Children's Services jointly administer the JOBS program. Please see the list of Works Cited (page 134) for reference to the State plans governing services pursuant to the federal "Family Support Act of 1988".

The **Job Training and Partnership Act (JTPA)**, in addition to providing employment training and assistance, provides child care assistance for persons who are

participating in JTPA programs. JTPA is coordinated through the Department of Employment; local programs are provided under the auspices of the private industry councils (PICs), in accordance with regional plans. JTPA is a valuable resource for employment assistance to young people, as well as to their families.

In addition to the health-related nutrition programs discussed in the Child Health Care section (page 41), the **commodities program, Food Stamps, child care food program, federal school lunch/breakfast program and the three county Expanded Food and Nutrition Education Program (EFNEP)** are nutritional programs available to Idaho children. With the exception of the Child Care Food Program, all are targeted for children from families with very low incomes.

Idaho **counties provide general assistance programs**, but little cash assistance is available. **Community action agencies** in the State's larger cities also make a variety of services, including commodities, energy assistance and referral to housing resources, available to families with low incomes.

The **Idaho Hunger Action Council (IHAC)** is comprised of individual members throughout the State and has three chapters--in Boise, Lewiston and Idaho Falls. The purpose of IHAC is to unite people to alleviate the effects of and combat the causes of hunger and poverty. This includes promoting individual growth through building self-esteem, promoting social responsibility and developing social clout through education, improving understanding and communication between economic classes, solving problems through grassroots needs analysis and developing self-help and improved public and private assistance programs. (IHAC [1990], 1)

IHAC currently operates five programs to alleviate hunger: a Child Care Food Program for children in day care homes, a recreational program (LIFTS) for low-income families, gleaning projects, information and referral and research and development. IHAC 1989 expenditures of $1,072,268 included $845,382 "pass-through" money from the State Department of Education for the Child Care Food Program and $12,798 for the Foodbank Warehouse. (IHAC [1990], 1-4)

The **Idaho Housing Agency** is responsible for coordinating development of housing resources for people who are homeless and people with low incomes statewide.

Idaho Head Start, for those eligible, addresses a number of issues of concern in this Plan--health care, families and parenting, child care and education. It is listed

as a resource in the Basic Needs area because it was initiated in 1965 as one of the original War on Poverty programs. Nationally, it is recognized as one of the most popular and effective service systems and is looking toward expansion and enhancement of services in the 1990s. Head Start intervenes directly into the cycle of poverty through working with children and their families. Information on Idaho Head Start was presented at the Child Advocacy Retreat sponsored by the Governor's Task Force on Children at Risk in Boise on October 19, 1990 (12-13).

Providing a comprehensive array of services through a family-based model, Head Start has served over 11 million children and their families over the past 25 years--over 20,000 of them in the State of Idaho. Services (including education, physical and mental health, nutrition, special education and therapeutic services, social services and parent involvement and training) are currently provided to approximately 2,000 children and families throughout the State by 12 Head Start grantees. The grantees are community-based organizations and institutions, both public and private.

In spite of federally-funded expansion in the current year, every Head Start program maintains long waiting lists of eligible children who remain unserved because of limited funding, geographic isolation and the lack of a strong early childhood public policy in our State. It is estimated that Idaho Head Start programs serve only one of four eligible three- and four-year-old children.

Idaho Head Start is funded through federal-community partnerships, with no direct State dollars included in the budgets of the programs. The independent local programs are linked through the **Idaho Head Start Association** which serves as the single point of contact for Head Start throughout the State. The Head Start Association maintains close working relationships with the major State agencies through formal and informal interagency agreements which are implemented at the State and local levels.

Head Start is in the process of fostering collaborative efforts with State agencies, private service providers and advocacy groups in Idaho to maximize existing resources and expand services through new resources in the area of comprehensive family services.

The goal and objectives in this section are designed to help families remain or become self-sufficient, while breaking the cycle of poverty for Idaho's children.

GOAL 5 TO ALLEVIATE THE EFFECTS OF POVERTY, BY THE YEAR 2000, DEVELOP THE CAPABILITY TO MEET THE BASIC NEEDS OF IDAHO CHILDREN FOR FOOD, SHELTER AND CLOTHING.

Objective 5.1 By 1992, in every community make available to all children services that guarantee adequate food, shelter and clothing.

Strategies:

* Immediate steps are necessary to alleviate the effects of hunger and homelessness among Idaho's children. However, behind these steps must be a long-term campaign to refocus public attitudes and policy direction toward eliminating poverty. Short-term strategies behind this long-term approach include the following:

  - Support the work of organizations, such as the Idaho Hunger Action Council and community action programs, to increase public awareness and volunteerism in communities. Community-based anti-poverty efforts include food banks, gleaning projects, farmers' markets, etc. These programs involve constituency-building through Hunger Awareness Month activities, participating in local and statewide conferences, organizing local chapters and facilitating efforts such as Attorneys Against Hunger.

  - Encourage, through public recognition, the community-spirited efforts of businesses, such as Fred Meyers, Albertson's and many others, which provide donations of food, clothing and other items for families in need.

  - Support the efforts of the counties and other public agencies to provide financial assistance, food, clothing and housing resources for families in need.

* Provide programs that provide for the nutritional needs of all Idaho children on a daily basis.

- Advocate for programs which ensure that all children in out-of-home care have nutritious meals available at no cost.

- Support expansion of resources in the federal school lunch/breakfast program to provide free or reduced-cost breakfasts and lunches to all school-age children.

- Advocate for expansion of nutrition resources available to children through Head Start and the Child Care Food Program, as well as the health-related nutrition programs listed in the Child Health Care section (page 41).

* The Office for Children and Youth will convene representatives of public and private agencies and organizations to explore establishing centralized comprehensive service sites throughout the State.

Lead Agencies and Organizations:

The Department of Health and Welfare, Idaho Association of Counties, community action agencies, Idaho Hunger Action Council, the Office for Children and Youth, the Commission and regional and/or community councils

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Objective 5.2 To help children rise above the "culture of poverty", by 1995, in every community provide positive role models and programs to enhance the development of self-esteem and ability to participate in the responsibilities of society.

Strategies:

* Encourage school districts to incorporate into curricula self-esteem building strategies, focusing on students' uniqueness rather than group conformity.

  - For certification, teachers must have on their transcripts a passing grade in a course for positive discipline and enhancing students' self-esteem. School districts should be encouraged to require in-service training or demonstration of competency in these areas as well. (West [Oct. 1990])

- New federal funds through the State Department of Education are supporting literacy and self-esteem building programs for children at risk. (See also the Education section of this Plan, pages 103-114.)

* The Commission and the Office for Children and Youth will promote and participate in the collaborative approach for Idaho Head Start. Priority areas identified by Idaho Head Start are:

  - Meeting the child care needs of the families served by Head Start, as well as the larger community of low-income families throughout the State.

  - Expanding comprehensive Head Start services to more eligible children and their families, utilizing all available public and private resources.

  - Improving and enhancing the interaction of the Head Start community with public schools at the State and local levels to assure smooth transition of children from one system to the other.

  - Continuing to provide innovative and developmentally appropriate mainstream settings for young children with disabilities in cooperation with local school districts, regional Child Development Centers and private providers statewide.

  - Improving the availability and quality of early childhood services statewide through the development of strong public policy which focuses on the positive impact of such programs and promotes interagency collaboration in meeting the needs of Idaho's children and their families.

  (Governor's Task Force on Children at Risk 19 Oct. 1990, 12-13)

* Encourage in all communities the development of positive social and recreational opportunities through such programs as the YMCA, YWCA, Big Brothers, Big Sisters, 4-H, Boys and Girls Clubs, 4-H, LIFTS, etc. These might also include peer support groups such as Natural Helpers and Project Impact.

Lead Agencies and Organizations:

State Department of Education, local school districts, social and recreational programs, youth groups, civic groups, Idaho Head Start Association, local Head Start grantees, the Commission for Children and Youth, regional and/or community councils

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Objective 5.3 By 1996, adequate, affordable housing will be available for all Idaho families.

Strategies:

* Support the work of the State Department of Education to update annually the survey of children who are homeless. The Commission will obtain and use survey results in formulating strategies to address the problem of homelessness statewide.

* The Commission for Children and Youth will contact Idaho Housing Agency (IHA) for information about the specifics of the problem of homelessness and the resources available. The Commission will cooperate with IHA to identify both temporary and permanent housing solutions for families in need of housing assistance.

* Communities should work with local housing authorities in applying for federal funds to support subsidized, temporary and emergency types of housing.

Lead Agencies and Organizations:

Idaho Housing Agency, State Department of Education, the Commission for Children and Youth, regional and/or community councils

Objective 5.4 By 1999, reduce the number of Idaho children living in poverty.

Strategies:

* To meet this objective, strategies must be directed toward changing social and political thinking about the rights of children. This wider agenda must be at the forefront while promoting the following small, urgently steps:

  - Advocate for increases in AFDC rates and for indexing AFDC rates to keep pace with inflation rates. (See also the Idaho AFDC Standard of Need Study: 1988 Update, Boise State University, College of Business, prepared for the Idaho Department of Health and Welfare.)

  - Expand eligibility for AFDC above the present level of 37 percent of the federal poverty level. (This would also expand the population eligible for Medicaid.)

  - Increase availability of food stamps, commodities and energy assistance through public programs.

  - Examine changes to public assistance programs to maintain benefits, such as Medicaid and child care, for recipients who enter the work force.

* Support the expansion of public programs (such as JOBS and JTPA) which provide access to jobs and promote self-sufficiency. Such programs should be accompanied by benefits adequate to support children and should include subsidized child care while parents finish education or receive job training (whether through high school, trade school or college).

* Promote the development of additional job opportunities for youth.

  - Through the job opportunity programs of the Department of Employment and the Department of Health and Welfare, work with businesses to expand employment opportunities for youth.

- Support re-establishment of the of the Idaho Youth Conservation Corps, as proposed by Governor Andrus (Andrus 10 Jan. 1991). This program will provide work opportunities for young people in State parks and other facilities.

* Advocate for Idaho-specific research into the causes of poverty and related social, economic and tax policies. Use research to develop new strategies for combating poverty in Idaho. (Refer to the March 1989 issue of Northwest Report, a newsletter of the Northwest Area Foundation, for additional information on policy implications of Northwest Poverty, new business and rural development and state strategies for rural revitalization.

Lead Agencies and Organizations:

The Department of Health and Welfare, the Department of Employment, the Commission for Children and Youth

I feel very strongly that there are thinking people in every community in this State, and, if they're given the opportunity to find solutions to their own problems, they will. But it has to be a neighbor to neighbor situation.

But if the government would spend all the money they spend in one year and give it to each of the families and say, 'Now you're part of society, and go out and be part of society,' why there would be quite a large number that would make it. There would be a lot that wouldn't, too.

From the Commission's public hearings, 1989

FAMILIES AND PARENTING

I hope of all the things I'll ever be noted for is that I'm a good parent. I hope that I am.

From a Commission public hearing, 1989

Statement of Need

The Idaho Statesman reported a new survey showing how crucial the family structure is for a child's developmental and emotional well-being. ("Children need strong family unit" 27 Nov. 1990, 2A) Nicholas Zill, a psychologist with Child Trends, Inc., found that developmental, learning and behavioral disorders are among the most common chronic conditions in childhood and adolescence, affecting one in five children. "The alarmingly high prevalence of these disorders seems to be attributed in large measure to the number of kids being raised in something other than a harmonious two-parent family," Zill said.

While children in single parent or step families were two to three times more likely to develop an emotional or behavioral disorder than those living with their biological parents, the risk becomes even higher when the parents are poor. The findings, released November 26, 1990, by the National Center for Health Statistics, are the first to document how widespread such disorders are in children and teenagers.

Idaho is seeing the same increases that are being noted nationally in single-parent families and in two-parent families where both parents work outside the home. According to Idaho Department of Health and Welfare's 1988 Annual Summary of Vital Statistics, **divorces that year affected 5,811 Idaho children**. A 1987 report prepared by Melanie Curtis-Campbell for Idaho Child Care Connections (Idaho Families in Crisis: The Status of Child Care in Idaho) provides a good analysis of changing family structures and the implications for Idaho's work force and social systems.

This information confirms comments obtained through the Commission's hearing process on the importance of families and reaffirms the basis of family-centered service practices being implemented by the Idaho Department of Health and

Welfare. Participants in the Commission's process noted, however, that many blended, single-parent and other alternative families function very well and provide healthy environments for their children. These families, as well as traditional families, need support and encouragement from their communities, their employers and their peers to maintain well-being.

When emotional problems do surface, early diagnosis and intervention are critical. Another recent report in The Idaho Statesman suggests that serious mental disorders are more likely to strike children and teens than experts previously thought. ("Depression hits at an early age" 10 Oct. 1990, 2B) Findings by the National Institute of Mental Health (NIMH) include the following:

* Peak years for the start of major depression are 15 to 19 and 25 to 29.

* Disabling phobias hit most frequently between 5 and 9 years old.

* Obsessive-compulsive disorders typically start in the teen years.

Citing the advantage of early detection, Lewis L. Judd, NIMH Director, said: "We know that teens with undiagnosed major depression or anxiety disorders have a twofold risk of drug or alcohol abuse."

Idaho's Mental Health Systems Plan, Fiscal Years 1990-1992, FY 1990 Update published by the Department of Health and Welfare, Bureau of Mental Health, indicates that there may be **6,388 Idaho children requiring services for serious emotional disturbance** (1989, 140-141). That document (on pages 133-179) provides a comprehensive analysis of the needs of children with serious emotional disturbance and the system of care developing in Idaho to meet their needs.

Existing and Potential Resources

The **Department of Health and Welfare** is the major provider of family services in Idaho. The Division of Family and Children's Services is nationally recognized for its statewide implementation of family-centered service practice. Its effectiveness is verified by the fact that in 1989 Idaho was the only State in the nation to reduce out-of-home placements of children. (Henderson 19 Oct. 1990) Unfortunately, the Department's services are offered only to families in crisis, when they are brought to the attention of the system for the symptoms of family

breakdown: child abuse or neglect, delinquency or emotional or behavioral disturbance of such severity that it inhibits family functioning. Services are funded by a variety of State and federal sources.

Family and Children's Services administers statewide services for children with serious emotional disturbance and their families. See the Mental Health Systems Plan, Fiscal Years 1990-1992, FY 1990 Update (Idaho DHW Mental Health 1989, 157-168) for a description of the system of care for seriously emotionally disturbed children and their families.

A report on efforts toward that Plan's goals and objectives is also available (Public Law 99-660, Program Report and Plan for the State of Idaho for the Period July 1, 1989 to June 30, 1992, Idaho Department of Health and Welfare 1990). A recent settlement by the Department of Health and Welfare in a court case involving placement of children in State institutions ("Jeff D." case) promises to push development of additional State resources for children with serious emotional disturbances. The settlement outlines the development of a community-based system of care. It requires State funding for adolescent day treatment programs in all regions, child companion services, enhanced case management capability and a reduction in secure residential beds. (3) An estimated $1,000,000 will be needed to implement the Jeff D. settlement and ensure that all children and youth have access to community-based mental health services. A federal Child/Adolescent Service System Program (CASSP) grant awarded in 1990 will allow Idaho to develop, implement and evaluate such a system of care in Health and Welfare Region I. (Woodworth 24 Oct. 1990)

School counselors provide front-line intervention with children and youth. State Board of Education rules and regulations set standards to ensure that guidance resources are available at all levels--elementary through high school (IDAPA 08.02.E.10,7.c., 11,3.b and 12,3.b.). The standards are currently in effect for high school and junior high/middle school levels and are scheduled for full implementation at the elementary level by September 1, 1995.

Private therapists in some communities provide a variety of interventions aimed at changing family structures, for example "Children of Divorce" groups which include all members of expanded families.

Mediation services are also increasing available for families facing divorce, changing custody arrangements and other family difficulties. The "Peaceful

Settlements" conferences held in Idaho during the past few years have yielded a resource base of skilled mediators in nearly every community in the State. (Patterson 19 Dec. 1990)

The Idaho Child Abuse Prevention Plan prepared for the Idaho Network for Children (Scheffer [1990], [23-26]) provides a discussion of several types of **parent support** programs available in some communities throughout the State. These include parent education classes; parent support groups; respite and therapeutic day care; resource materials; surrogate extended families offered by senior citizens, Big Brothers, Big Sisters, etc.; and parent aides.

The **Family Advocate Program, Inc.**, in Ada County has a parent aide program. The parent aide is trained and professionally supervised to assist at-risk families. The purposes of the program are to develop parental self-confidence and self-esteem; strengthen parenting, coping and home management skills; improve problem solving and communication skills; expand social contacts and reduce isolation; promote community resource utilization; and increase understanding of child development. See also information presented to the Child Advocacy Conference sponsored by the Governor's Task Force on Children at Risk (19 Oct. 1990, 6).

The **Idaho Council on Domestic Violence** is another resource for families. The Council funds and promotes community-based programs for victims of domestic violence. By providing training and information for professionals and through several public relations strategies (e.g., organizing an annual Domestic Violence Awareness Week), the Council also plays a preventive role against family violence. For more information, see the Council's "Goals and Objectives" adopted January 26, 1990.

Statewide foster families and residential youth programs are resources for children who must temporarily be placed outside their own homes. The **Idaho Association of Residential Youth Centers (IARYC)** is comprised of almost every licensed children's group home and child care institution in the State of Idaho. The purpose of IARYC is to promote the general welfare of and provide services for youth. IARYC organizes training conferences to develop the practical skills of people who work with children. They monitor, draft and actively support or oppose legislation affecting youth. (Governor's Task Force 19 Oct. 1990, 11) IARYC can provide considerable assistance in implementing this Plan, not only as it relates to out-of-home placement of children, but in respect to youth development in general.

YMCA/YWCAs are included in this section because of their family orientation and their commitment to providing a variety of services for health families, while at the same time providing assistance to low-income families. The YMCA addresses community needs through wellness, leadership and family strengthening. The Boise Family YMCA should be specifically recognized herein because it is the largest provider of preschool and school age child care in the State. In 1990 over $460,000 of subsidy is being provided to support programs to youth special populations and to the elderly. YMCAs, where available, provide services which include teen leadership, recreational programs and family programs. (Governor's Task Force 19 Oct. 1990, 15) YWCAs, where available, also provide valuable services, including a shelter for victims of domestic violence in Boise.

Regional council conference participants stressed the need to direct objectives in this issue area toward supporting healthy families, as well as families at risk. This requires a change in public priorities--a redirection toward financing preventive programs, while maintaining adequate services for families in crisis. Therefore, two advocacy groups should be mentioned as resources in this area: kidPAC of Idaho and the newly forming Idaho Children's Agenda.

KidPAC of Idaho was organized in the mid-1980s because of concern for decreasing public funding of children's services and lack of consistent public policy or commitment to the welfare of Idaho's children. KidPAC has a platform which states the rights of children and recognizes the importance of a nurturing family environment. (Governor's Task Force 19 Oct. 1990, 17-18) Its membership supports political action on behalf of that platform.

The **Idaho Children's Agenda** grew out of the Child Advocacy Retreat held in Boise in October 1990. Ten statewide agencies and organizations concerned with the rights and protection of children were represented at the initial meeting, which was convened by the Governor's Task Force on Children at Risk. Representatives voted to form a membership organization which will meet annually to share legislative proposals and provide a forum for discussion of these. The new group's stated position is: "Every child a whole child."

The Commission's goal, objectives and strategies on the following pages are directed toward maintaining strong families, as well as helping families with problems, in the 1990s.

GOAL 6 BY THE YEAR 2000, ALL IDAHO CHILDREN WILL HAVE A NURTURING FAMILY ENVIRONMENT IN WHICH TO GROW UP.

Objective 6.1 By 1993, in every community make available a continuum of services which support and enhance family life skills and promote self-sufficiency.

Strategies:

* Advocate for parenting skills classes in public high schools to include family planning, child development, communication techniques and promoting successful academic habits and responsible citizenship. Support alternative education opportunities for teen parents as cited in the Education section (page 109).

* Involve businesses in supporting today's family systems. Work with employers to provide on-site child care, resource and referral, educational seminars in parenting, etc.

  - Encourage the development of flexible policies for parental leave when possible (e.g., for the birth or adoption of a child, for sick child care, for special school event attendance and for general classroom involvement). Show cost-benefits of employees with healthy families, and advocate for tax breaks for employers who implement "pro-family" policies.

  - Support the development of employee assistance programs.

* Encourage the provision of parent skill training and development of parent support groups in a variety of settings.

  - Child care resource and referral agencies and child care sites can offer parent support groups and skill training classes.

  - Offer parent skill training through government agencies, such as the Department of Health and Welfare and law enforcement agencies.

Develop a cooperative network for advertising these opportunities--through radio and television, newspapers, school newsletters and church newsletters and through presentations to civic groups, parent groups, etc.

* The Office for Children and Youth will work with child care resource and referral agencies and other experts in child development to prepare a series of pamphlets on effective parenting. These will be disseminated to parents at schools, child care sites, employment sites, etc., for those parents who may not be interested in attending parenting training, but who could benefit from reading material.

* Promote collaboration between child development experts and mentoring programs, such as the Big Brothers and Big Sisters, to help with parenting skills development.

* Decrease family isolation through supporting expansion of community programs designed for that purpose. These include social and recreational programs, such as the LIFTS program operated by the Idaho Hunger Action Council, the YMCA/YWCA, churches, etc., offered through a spectrum of community organizations.

* Support the continuing development in all communities and use of mediation processes for intervening in family situations.

* Support the State Department of Education and local school districts in achieving compliance with standards for guidance counseling resources for all grade levels.

* Advocate for the use of trained paraprofessionals and volunteers to relieve guidance counselors in schools from administrative, career information and system support activities so more time can be spent providing preventive intervention and individual and group counseling services. For example, volunteers are now used for kindergarten screening to evaluate individual skill levels and make recommendations regarding school readiness, etc. (West [Oct. 1990])

Lead Agencies and Organizations:

The Department of Health and Welfare, State Department of Education, Idaho Association for the Education of Young Children, child care resource and referral agencies, the Office for Children and Youth, the Commission, employers, regional and/or community councils

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Objective 6.2 By 1995, ensure the availability in every region of treatment and family support services for children with emotional and behavioral problems.

Strategies:

* Encourage the development of a range of community-based public and private sector resources--from crisis intervention and professional counseling services to stress management programs and self-help groups. Support the development of services from providers who meet standards for their professions and are accessible by families of all income levels.

* The Commission will support the development of a system of care for children with serious emotional disturbances and their families, as set forth in the Mental Health Systems Plan, Fiscal Years 1990-1992, FY 1990 Update (Idaho DHW Mental Health 1989, 169-182) and subsequent updates. Objectives of special interest to the Commission include:

  - Development of a community-based system of care as required by the "Jeff D." settlement (see page 65) and concurrent reduction in secure residential beds. This might include reallocating residential care funds to regional programs to help maintain children in their own homes and communities.

  - Development of a plan for serving children with serious emotional disturbance who are also members of a racial or cultural minority.

  - Identification of all children being served by the Department who have a dual diagnosis of serious emotional disturbance and drug/alcohol problems to ensure they are receiving necessary services.

- Identification of all children being served by the Department who have a dual diagnosis of serious emotional disturbance and developmental disabilities to ensure they are receiving necessary services.

- Establishment of advocacy for children with serious emotional disturbance and their families. Regional and/or community councils may be able to participate in achieving this objective.

* Explore ways to increase counseling, therapy and parent support resources for families at risk throughout Idaho. These might include:

  - Advocating for additional, and more diverse, personnel for statewide Family and Children's Services, for getting social workers back into schools, and for new models such as Homebuilders to avoid out-of-home placements.

  - Supporting federal fund requests for such programs as the respite care model in Region II and the "crisis nursery" projects in regions II and V.

* Improve understanding between agencies and promote collaborative use of existing agency resources, e.g., schools, public health, family and children's services, youth social and recreational programs, etc. An example is a program called "Bridging the Gap" to promote interagency understanding in Moscow, Idaho. (West [Oct. 1990]) The business community, e.g., through the local Chamber of Commerce, might also participate in collaborative efforts.

* Foster the development of respite care and child care options by self-help family and cooperative consumer groups.

Lead Agencies and Organizations:

The Department of Health and Welfare, the Office for Children and Youth and the Commission, regional and/or community councils

Objective 6.3 By 1995, provide independent living/emancipation opportunities for youth in every region.

Strategies:

* Develop and enact an emancipated minor statute into Idaho Code to give persons under 18 years of age legal status to receive benefits which will enable them to live independently, when their parents refuse to take care of them. Draft statute and advocate for legislative approval.

* Meet with the Department of Health and Welfare and Idaho Association of Residential Youth Centers (IARYC) to strategize toward establishing independent living opportunities for youth in every region. This includes providing youth the support necessary for renting apartments, obtaining utility hookups, etc., when parental permission is not available, and meeting the needs of teen parents.

* Work with the Department of Health and Welfare in federally funded independent living projects (Title IV-E-Independent Living) which directly benefit youth.

Lead Agencies and Organizations:

The Office for Children and Youth, the Commission, the Department of Health and Welfare, IARYC

Objective 6.4 By 1997, in every community provide a range of out-of-home alternatives and services to be available as deemed appropriate on a case-by-case basis.

Strategies:

* Provide and/or support grants for shelters for homeless children and their families and for runaway children in every region.

* Examine the traditional foster care program, and consider the development of new concepts, such as "host family" placements, where the natural family retains primary responsibility.

  - Further develop the ability of foster parents to provide family skill-building with natural parents. Explore the potential for parents enrolling in university extension Parent Effectiveness Training (PET) programs for credit.

  - When out-of-home care is required, make placements with relatives when appropriate.

  - Work with the Department of Health and Welfare to modify the payment/reimbursement process to facilitate novel placement options. Use the "specialized foster care" rate to reimburse parents specially trained to serve children with special needs, e.g., those who have been sexually abused, who have special physical, emotional or behavioral requirements, who need independent living skill training, etc.

  - Support the Department of Health and Welfare's efforts to recruit and license foster parents and to provide them with training and other incentives.

* Support the Department of Health and Welfare's efforts to refine the use of group home and other residential services for children with special treatment and behavioral needs. These include:

  - The use of professional foster care and treatment families to meet special treatment and behavioral needs, outside of the group setting.

  - Development of post-placement resources to support the return of the child into a fully functioning family upon completion of treatment. Family involvement must begin concurrent with the out-of-home placement and continue throughout the placement. Agencies and individuals accepting out-of-home placements could provide family services as part of their contract with the Department of Health and Welfare and might also assist with transition of the child back to the

family. Include additional contract dollars for services for those agencies providing these services.

* Develop throughout Idaho temporary respite care situations to facilitate treatment and prevent family stress in a variety of circumstances. Explore family pairing models to promote information exchange, problem solving and respite. Encourage expansion of the State's Personal Care Services to enable it to serve more children who are ill or have handicapping conditions.

Lead Agencies and Organizations:

IARYC, the Department of Health and Welfare

Objective 6.5 By 1999, enact into Idaho Code a "Family Law Act" which puts petitions involving referral to services before a professional family court.

Strategy:

* This objective requires a concerted, long-term effort to develop the necessary legislation and accompanying professional family judicial system, probably at the district level. Tasks will include investigating models in other states and convening a representative group to develop and support legislation. Prosecuting attorneys, public defenders, members of the judiciary and other shareholders interested in family law will need time to educate themselves in this field. (Patterson 19 Dec. 1990) The Commission is an appropriate body to initiate this effort.

Lead Agencies and Organizations:

The Commission for Children and Youth, the judiciary, prosecuting attorneys, public defenders, others interested in family law practice

CHILD ABUSE

All of our creativity and our sensitivity must be brought to bear upon the extremely difficult problem of children who are victimized by adults, particularly by adults whom they trust. Every effort must be made to make certain that the system does not become yet one more victimizer.

The Governor's Task Force on Children at Risk
From Children at Risk (1988, 1)

Statement of Need

In Fiscal Year 1990 Department of Health and Welfare offices throughout Idaho received over 9,000 reports of possible child abuse, abandonment and neglect. **The statewide number of reports has more than doubled since 1983.** In its first publication, Children at Risk: A Report on Idaho's System for Protecting and Serving Children at Risk of Sexual Abuse (1988, 1), the Governor's Task Force on Children at Risk stated that many incidents of abuse and neglect against Idaho children are never reported.

> Some cases that are reported are mishandled, and few cases ever come before a court. Children may be further victimized by the very procedures involved in protecting them from further harm. They are subject to disbelief. They have to relive what happened to them over and over again, as they describe the crime against them to various authorities. They face delays, procedures and rules in an adult judicial system which is insensitive to the feelings of children. They may be removed from their homes. Their communities do not have adequate resources to treat and protect them. And in the end, justice may not be served, and the offender, without treatment and controls imposed, returns to society.

The Children at Risk report provides in depth discussion of these systems problems.

According to the Task Force's second publication Guidelines for Coordinating Action on Child Abuse Problems (1990, 1), **annually, one to six child deaths in the State are related to abuse**, but other deaths reported as homicides, accidents and sudden infant death may also have been related to abuse or neglect.

The **phenomenon of children dying under suspicious circumstances** is discussed in the Idaho Department of Health and Welfare, Division of Family and Children's Services, Child Protective Act Annual Report for July 1, 1988, through June 30, 1989 (1990, 10). The problem is being examined nationally, and as a result most states have developed laws, procedures and protocols for examining suspicious child deaths. The fact that there were 139 infant deaths in Idaho in 1988, some of a questionable nature, has been brought to the attention of the Department of Health and Welfare. They plan training for medical personnel, coroners, law enforcement personnel, prosecuting attorneys and child protective workers regarding the suspicious child deaths. The hope is that by examining the circumstances of both reported and suspicious child deaths, knowledge can be gained to help prevent deaths of other children.

Child abuse has been linked to many of the other problems covered by this Plan, including juvenile delinquency, emotional illness, dropping out of school and accompanying unemployment/underemployment, substance abuse and teen pregnancy, which have high societal costs. (Idaho DHW FACS 1990, 6-10)

An August 1986 report issued by the National Council of Juvenile and Family Court Judges showed that **initial cost of each child protective case opened is estimated at $10,000**. Long-term costs for psychological or medical care for sexual abuse cases can be much higher. Temporary foster care costs $5,000 to $15,000 a year. Home-based services average $50 a visit and 40 visits a year. Additionally, there are substantial law enforcement, hospital and court costs and the possible future costs of crime and child abuse perpetrated by the abused victim. (Idaho DHW FACS 1990, 6)

Annually, neglect concerns comprise about half of the total reports, but **sexual abuse**, which accounts for about one-sixth of the total, has received attention from the media, the public, elected officials and professionals from all levels of the child protective system. In February 1988 Governor Andrus established the Task Force on Children at Risk to study sexual abuse of children and make recommendations for improving the child protective system's ability to respond to their needs. Also, for the last three years, the Idaho Department of Health and Welfare, Division of

Family and Children's Services, has prepared a Special Report on the Status of Prosecution and Sentencing for Sex Crimes Against Children. **The report covering the 18-month period January 1988 through June 1989 showed 397 cases of child sexual abuse charged and 273 convictions (including guilty pleas)** (1990, 2). The key findings included the following:

* 49.1 percent of the alleged perpetrators were relatives of the victim.

* 37.7 percent were living in the household with the child.

* 14.1 percent of the cases involved multiple victims.

* The average age of the victims decreased as the number of victims in the cases increased.

* 25.4 percent of the charges involved victims of seven years of age or less.

* 80.4 percent of the offenders were released with no incarceration or with less than one year of incarceration or were undergoing evaluation at Cottonwood.

These findings, as well as the Governor's Task Force report, were discussed at the Commission's 1989 regional council conference. The participants noted the gap between charges and convictions and the predominance of offenders released or lightly sentenced. They also expressed concern about the **"cycle of abuse"**: A serious post traumatic effect of prior abuse involves the pattern of abused children who, as adults, abuse their own children. For example, Jan Hindman, an Oregon-based sexual abuse treatment expert, recently reported that girls who are sexually abused have an 85 percent chance of marrying someone who will abuse their children. Kevin McGovern, another expert in the field, says that boys who are sexually abused have a 33 percent chance of becoming offenders themselves. (Idaho DHW FACS 1990, CPA Annual Report 7-8)

The costs for incarcerating and treating individuals who were abused as children and have grown up to abuse or kill other children are high: National studies have shown the percentages of prison inmates who were abused as children varying from 80 to 90 percent. The cost for maintaining an inmate at the Idaho State Penitentiary, based on average daily census and the type of secure facility

required, ranges from $6,670 to $15,811 per year. (Idaho DHW FACS 1990, CPA Annual Report 10)

Recently emerging concerns taxing the child protective system even further include **infants who are exposed, before and after birth, to alcohol, drugs and diseases such as AIDS**. Idaho-specific research into these problems is too new to report, but the fact that this year an Idaho infant was lost to a cocaine overdose is a call for action.

Existing and Potential Resources

The Idaho "Child Protective Act" gives the **Department of Health and Welfare** primary responsibility for implementing the purposes of the Act which include: administering treatment programs; maintaining a central registry for the reporting of child neglect, abuse and abandonment information; periodically evaluating all persons in its custody or under its supervision to determine whether existing orders and dispositions should be modified or continued in force; assisting communities in developing programs for the protection, prevention and care of children and youth; and providing for necessary administrative and procedural functions. The Department, through Family and Children's Services programs statewide, carries out these duties within the framework of family-centered services. (See page 17 for a brief description.)

The Department must work with other agencies and organizations to implement the purposes of the Act. Key among these are **law enforcement, county prosecuting attorneys, the courts, the schools, health care and treatment providers and probation/parole officers**. Ultimately, child protection is the responsibility of the entire community.

The Department of Health and Welfare has been criticized (historically and in the Commission's public hearings) for meddling in family life. On the other hand, they have been reproached for not removing children from dangerous situations. Section 16-1612 of the Act mandates that only law enforcement has the legal authority to remove a child from the custody of their parents or guardian when the child is in imminent danger. The Department can remove a child in imminent danger from a home when staff are given the authority by the court on a case-by-case basis. State law (e.g., the Domestic Violence Act and applicable criminal statutes) provides for removal of the alleged offender, rather than the child, from

the home. Then "no contact" orders may be used to protect the child and family in cases where the alleged perpetrator is not incarcerated. (Idaho DHW FACS 1990, CPA Annual Report 14)

Section 16-1618 provides that the court shall appoint a **guardian ad litem** for the child and, in appropriate cases or when a guardian ad litem is not available, may appoint counsel to represent the child or guardian. The guardian ad litem is an independent person, a trained volunteer, who serves as an advocate on behalf of the child in court. Amendments to the Child Protective Act passed in 1990 support the development of guardian ad litem programs statewide, but start up funding is limited, and the amendment has a sunset clause. (Idaho DHW FACS 1990, CPA Annual Report 15)

Court Appointed Special Advocate (CASA) programs are available in some Idaho counties. CASA provides trained volunteers to act as guardians ad litem to abused and neglected children during the period of their involvement with the judicial system. Along with a volunteer attorney, a CASA provides independent representation for victimized children to ensure that their best interests are considered and met. A volunteer, when appointed to a child's case, is responsible for finding out as much as possible about that child. CASA volunteers review records, interview parents and talk to teachers, neighbors and the child. They appear in court, alongside attorneys and social workers, to recommend to a judge what they see as best for the child's future. They monitor progress through the system and stay on a case until it is closed. See information presented to the Governor's Task Force on Children at Risk's Child Advocacy Retreat (19 Oct. 1990, 6).

The **Health Promotion/Disease Prevention Program** (in the Department of Health and Welfare, Division of Health, Bureau of Preventive Medicine) is required to allot a portion of the Federal Preventive Health Block Grant to fund sexual assault services for the State of Idaho. The program provides funding to organizations, e.g., the Family Advocate Program and the State Forensic Laboratory, concerned with child sexual abuse, as well as with adult victims. Organizations receiving these funds provide services to sexual assault victims; educate target groups in sexual assault prevention; train laboratory, police and hospital personnel in sexual assault evidence processing techniques; and train sexual assault crisis counselors, attorneys and judges regarding Idaho's sexual assault laws. The program's Film Library distributes films and videos on personal safety and problems associated with sexual assault, as well as on many other topics, to the general public, schools

and universities, hospitals, nursing homes and treatment centers, district health department, state and federal offices and private and religious groups at no direct cost to users. (Idaho DHW Health 1990, 168-170)

The **State Department of Education and local school districts** have implemented personal safety programs aimed at preventing child abuse and assuring children of their right to report abuse. These programs deserve recognition and encouragement.

In **Task Force on Children at Risk** studied Idaho's child protective system in detail over the period of a year. Their report contains fourteen recommendations covering all aspects of the system, from prevention to control of offenders (Governor's Task Force 1988). In the 1989 and 1990 the Governor and the Legislature responded to the recommendations by proposing and passing legislation favorable to victims of child abuse.

County prosecuting attorneys, the judiciary and law enforcement throughout the State have considered the Task Force recommendations in efforts to make their professional practices more sensitive to the needs of children. They have incorporated curricula from the specialized area of child protection into their training programs and conferences. State agencies, particularly the Department of Health and Welfare, Department of Law Enforcement and the Department of Correction have developed policies and procedures, training programs and budget proposals to enhance the ability of their personnel statewide to respond to problems related to child abuse. At the Child Advocacy Retreat in Boise, October 19-20, 1990, the Task Force reported at least some progress in ten of the fourteen recommendation areas.

A major strategy recommended by the Task Force for community-level implementation was formation of **multidisciplinary teams**, consisting of law enforcement, social work, treatment, prosecution, adult corrections and other child protective resource personnel. The purpose of the teams would be to conduct technical investigations and interviews and to provide technical assistance on-call throughout their jurisdictional areas. Coincident with the Task Force's deliberations, Bannock County was in the process of developing such a team and subsequently became a model for statewide guidelines (Governor's Task Force 1990, Guidelines) and replication in other areas.

The **Idaho Children's Trust Fund** legislation was enacted in 1985 and established a State income tax check-off donation system. Its initial objective was to assist Idaho communities in developing child abuse prevention programs. Activities supported to date include personal safety curricula, high-risk parenting classes and youth and family crisis lines. In 1990 the legislature modified the law to authorize the Children's Trust Fund Board, in addition to its previous mandate, to develop multidisciplinary child abuse investigation teams throughout the State. Although funding was not appropriated, the Trust Fund received $50,000 from the Task Force and Region VI, Department of Health and Welfare, for team development grants. (Governor's Task Force 19 Oct. 1990, 2) The funds were disbursed to counties in all regions of the State through the mechanism of the Idaho Children's Trust Fund and will be evaluated based on its guidelines. These teams, and others forming through their own volition, are potential resources for fostering broader development of victim assistance efforts in Idaho communities.

The **Idaho Network for Children** is the Idaho Chapter of the National Committee for the Prevention of Child Abuse. The mission of the Network is to acknowledge and prevent child abuse through the committed actions of Idaho's citizens. The 29-member board of directors represents Idaho's corporate, professional and volunteer communities. Membership is comprised of individuals, families, businesses, agencies and other organizations. The Network provides coordination, technical assistance, support and education to communities working toward the prevention of child abuse. (Governor's Task Force 19 Oct. 1990, 14)

During 1989-1990 the focus of the Network has been the development of the Idaho Child Abuse Prevention Plan (Scheffer [1990]), under contract with the Governor's Task Force on Children at Risk. The Prevention Plan discusses needs and resources available based on a series of surveys and contacts with communities throughout the State. The Prevention Plan emphasizes community ownership of child abuse issues through development of county-wide **child abuse prevention councils** that will provide problem assessment, recommend solutions and oversee implementation of child abuse prevention programs at the community level. County councils will serve as advocates for child abuse prevention at the grassroots level and should work in cooperation with the local multidisciplinary teams.

Community-based efforts usually culminate in the most effective strategies for preventing child abuse and neglect. Promoted through funding from the Children's Trust Fund, the Idaho Network for Children and the Domestic Violence Council, as well as stemming from grassroots initiatives, community programs aimed at

prevention and victim assistance in Idaho are too many to list herein. The Child Protective Act Annual Report (Idaho DHW FACS 1990, 20-22) enumerates those in existence at the time of its publication. They range from media campaigns to a specialized medical assessment and treatment program (CARES Program at St. Luke's Hospital in Boise). These efforts deserve funding, support and technical assistance from regional, State and federal levels and from private sources. Statewide coordination with and monitoring of funding to these efforts are necessary to assure most effective use of public funds and equitable distribution of programming throughout the State.

Federal funds support child welfare services, preventive programs and organizational activities discussed. See the Child Protective Act Annual Report (Idaho DHW FACS 1990, 18-20) for a list and description of these sources. State resources to fight child abuse and neglect are included in the budgets of the departments of Health and Welfare, Law Enforcement, Corrections and Education and the Office of the Attorney General.

Private sector treatment resources include the CARES unit mentioned above, other medical providers throughout the State, Sexual Abuse Now Ended (SANE) and support groups such as Parents United and Daughters and Sons United. These programs often work in cooperation with the public child protective agencies. Participants in the Commission's planning process emphasized that treatment providers for both victims and offenders should be licensed and/or certified through some recognized mechanism.

This Plan supports the recommendations of the Governor's Task Force on Children at Risk and community efforts throughout the State to stop child abuse and to establish a child protective system which is responsive to the victims and their families.

GOAL 7 BY THE YEAR 2000, EVERY COUNTY SHALL HAVE IN PLACE CHILD PROTECTIVE SYSTEMS WHICH INCLUDE PROTOCOLS FOR PREVENTION, REPORTING, INVESTIGATION, ADJUDICATION AND POST TRAUMA ASSISTANCE FOR VICTIMS.

Objective 7.1 By 1992, have established in every county multidisciplinary teams to coordinate the investigation and prosecution of child abuse reports.

Strategies:

* The Commission will cooperate in and support efforts of the schools, the Idaho Network for Children and the Department of Health and Welfare to provide information to the public on how to recognize and report abuse and neglect. These organizations have established strategies, such as personal safety curricula, organization of grassroots prevention efforts and public agency efforts in communities throughout Idaho.

* In every county, work through the prosecuting attorney and other lead agencies and organizations listed below to encourage the development of county multidisciplinary teams and protocols. The goal is to improve the sensitivity of the child protective system and legal and courtroom procedures to children. The Governor's Task Force report (1988, 11-12) lists strategies for attaining this goal. A recent Task Force publication (1990 Guidelines) is available for use in organizing teams and establishing local protocols.

* The Commission will support annual budget requests for appropriation to the Idaho Children's Trust Fund for purposes of hiring staff support and funding of statewide multidisciplinary teams. The staff person will provide consultation to teams, facilitate statewide communication among teams through newsletters and conferences conduct site visits and evaluations on behalf of the Trust Fund Board. Consider the feasibility of housing the staff person with the Office for Children and Youth.

* The local teams, with support from the Children's Trust Fund, the Office for Children and Youth and State agencies, can provide the contact points

for identifying statewide professional training needs. The following strategies were recommended by the Governor's Task Force (1988, 9-10):

- State agencies and licensure/certification organizations will provide annual training for professionals who are required by the Child Protective Act to report suspected abuse or neglect. They include, but are not limited to, physicians, nurses, hospital personnel, emergency medical technicians; school teachers, aides and administrative personnel; day care personnel.

- The departments of Health and Welfare and Law Enforcement will provide statewide training for investigators to ensure that they meet minimum standards and follow procedures (i.e., those identified in a protocol manual and necessary to build the criminal case). See the Governor's Task Force recommendations (1988, 9) for additional suggestions.

- The departments of Health and Welfare, Law Enforcement and Correction will provide training opportunities for their personnel working in child protection, especially those in rural areas, to enhance their ability to respond and keep them fresh from "burn out". Resources include Family and Children's Services Academy, POST Academy and other relevant programs in- and out-of-state. Cross-training opportunities should be considered and open to others concerned with child protection (e.g., guardians ad litem, school personnel, prosecutors, judges, medical personnel and other treatment providers).

- University of Idaho College of Law and the Continuing Legal Education Committee of the Idaho Law Foundation have been encouraged to provide continuing legal education courses on child protection issues.

Lead Agencies and Organizations:

County prosecuting attorneys, the Department of Health and Welfare, law enforcement agencies, probation and parole, Idaho Network for Children, Children's Trust Fund Board, local multidisciplinary teams

Objective 7.2 **By 1994, an array of services to respond to the needs of child abuse and neglect victims and their families will be accessible or provided in all communities.**

Strategies:

* The Commission will support State agency budgets calling for increased child protective work force, in the Department of Health and Welfare, Department of Law Enforcement and Department of Correction.

  - As recommended by the Governor's Task Force (1988, 14), the Department of Health and Welfare's family-centered evaluation and treatment should be available throughout the State, including rural communities, to support victims, refer to other vital services and intervene in the multi-generational cycle of abuse.

* Counties and communities should examine the capability of their resources to respond to child protective problems and consider funding additional personnel and/or training. The Governor's Task Force (1988, 7-8) suggested the following local initiatives:

  - Establishing separate juvenile divisions in all law enforcement jurisdictions large enough to maintain them.

  - Encouraging adequate staffing for local law enforcement and incentives (e.g., prestige, upward classification, financial, leave, benefits, training opportunities, caseload limits, etc.) to deter burn out.

  - Establishing guidelines, based on knowledge, skills and abilities, for screening law enforcement officers being assigned to child protection.

* The Commission will encourage efforts by the Idaho Prosecuting Attorneys Association, Idaho Association of Counties and the State Attorney General's Office to develop a cadre of "career prosecutors" (Governor's Task Force 1988, 7). Incentives are necessary for trained prosecutors to remain in the field of child protection. The Idaho Prosecuting Attorneys Association and the Attorney General's Office may also be able to make training on child

protective issues (including age-appropriate interviewing skills) available through general workshops and conferences.

* The Commission will support efforts of the Judicial Education Committee to integrate children's issues into their annual new judges' workshop and to establish an ongoing educational program for judges to develop their skills in handling children's cases. Suggestions for topics are included in the Governor's Task Force recommendations (1988, 10).

* Upon contact with victims and their families, law enforcement, Health and Welfare and school personnel will ensure that all victims (both third-party and in-family abuse victims) receive information about resources available to assist them in their communities. Such resources should be widely publicized through local newspapers, radio and television and through the newsletters of community agencies and organizations.

* The Department of Health and Welfare will work with other State agencies and, at the local level, multidisciplinary teams, to clarify roles and responsibilities in out-of-home placement activities.

* The Commission will support the development of support services for victims and families of imprisoned offenders, based on models such as Parents United and Daughters and Sons United. Support services, like long-term treatment, should be available to victims who are no longer under the purview of the Child Protective Act.

* The Department of Health and Welfare will work with the Idaho Medical Association toward the development of medical evaluation and treatment resources throughout the State. The Governor's Task Force (1988, 14) suggested the following:

  - Identify specially-trained medical practitioners in every region to provide medical evaluation and treatment to victims.

  - Encourage the establishment of regional medical expertise (e.g., the CARES unit) in performing diagnostic and assessment services for sexually abused children, including access to specialized equipment.

- Establish a network of in- and out-of-state resources for consultation with physicians, especially those in rural areas.

- Ensure that children placed out-of-home receive a complete physical and psychosocial assessment and that identified service needs are met.

* The Commission will work with the Governor's Task Force and relevant provider organizations and agencies in their efforts to identify standards for the certification of persons providing evaluation and/or treatment for sexual offenders, child victims and their families. A model evaluation and treatment program built around providers meeting these standards could be designed, implemented and tested (Governor's Task Force 1988, 14). In developing treatment programs, the long-term treatment needs of victims (including those no longer under the purview of the Child Protective Act) must be considered and appropriate service designed.

* The Commission will work with the Governor's Task Force in their continuing effort to make State laws more effective for protecting victims of child abuse.

  - In addition to evaluating the status of changes recommended in the Task Force report (1988, 18-19) consider the need for laws to protect infants exposed to alcohol, drugs and diseases such as AIDS. Refer to the Governor's Task Force on Children at Risk report on "Drug-Exposed Infants" (16 Nov. 1990).

  - To protect victims and potential victims, continue the examination of laws and sentencing practices in regards to sexual offenders. Re-examine the Governor's Task Force report (1988, 23-24) and the Annual Sex Crimes Report in preparing new recommendations for action.

  - Child protective interventions related to neglect should be handled through the Department of Health and Welfare, Family and Children's Services, rather than through criminal channels, following adjudication. (See also Objective 6.5 relating to development of a family court, page 74.)

Gain advocacy and support from the Idaho Children's Agenda.

* The Commission will work with the judiciary, the Prosecuting Attorneys Association and the Attorney General's Office in efforts to make court rules and procedures more sensitive to child witnesses. Evaluate the status of changes recommended by the Governor's Task Force Report (1988, 21-22) and consider the effects of recent Supreme Court decisions, when updating recommendations for further improvements.

* To support the resource needs of Idaho communities, under the auspices of the Children's Trust Fund, establish a statewide child abuse resource center. The proposed Trust Fund staff person would be responsible for establishing the center, with the following related responsibilities, as recommended by the Governor's Task Force (1988, 30):

  - Record keeping and data dissemination for child protection and legal systems.

  - Maintaining a statewide toll free number for reporting of child abuse and neglect problems.

  - Providing continuing education and technical assistance for child protective workers, law enforcement, prosecutors and judges.

  - Maintaining a prevention and community education clearinghouse.

Lead Agencies and Organizations:

The Department of Health and Welfare, the Department of Law Enforcement, the Department of Correction, Children's Trust Fund Board, Governor's Task Force on Children at Risk, regional and/or community councils

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Objective 7.3 By 1996, in all communities develop programs designed to prevent child abuse, abandonment and neglect.

Strategies:

* The Commission will support the prevention-related strategies recommended by the Governor's Task Force on Children At Risk (1988, 32). These

should be implemented by the departments of Health and Welfare, Law Enforcement and Education and should include the following:

- With local resource people, develop and present prevention and public education programs which are relevant to urban and rural communities.

- Provide training for teachers and counselors in recognizing and referring children at risk. Emphasize that children should be encouraged to disclose and have confidence that their disclosure will be handled in a respectful, competent manner.

- To protect the public and,in particular, children at risk, provide community education on the characteristics and treatment of offenders and their chances of re-offending.

- Provide public education on the roles of law enforcement, the Department of Health and Welfare, the prosecutor's office and the judiciary in child abuse cases.

- Collaborate to establish a standardized personal safety curriculum to be taught by qualified instructors in schools throughout the State.

- Establish uniform guidelines and training for school teachers and counselors providing personal safety curriculum to include standardized use of terms like "good", "bad" and "secret" touching.

- Provide family life education for teens through schools (Idaho Workforce 2000 Taskforce 1988, 11). (See also the strategies under Objective 9.3 in Education section, page 113.)

* The Commission will review and consider the feasibility of implementing the recommendations presented in the Idaho Child Abuse Prevention Plan (Scheffer [1990]).

- Regional councils focusing on juvenile justice issues may wish to participate in development of county councils for the prevention of child abuse. Cross-representation will be encouraged and coordination will ensure that efforts dovetail, but are not duplicated.

* The Children's Trust Fund Board will pursue its prevention mandate by continuing its well-organized process of disbursing funds from tax check off donations.

Lead Agencies and Organizations:

The Commission for Children and Youth, Governor's Task Force on Children at Risk, Idaho Network for Children, the Department of Health and Welfare, the Department of Law Enforcement and local law enforcement agencies, State Department of Education and local school districts, Children's Trust Fund Board, regional and/or community councils,

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Objective 7.4 By 1998, establish a system within the State that includes effective intervention methods for perpetrators of child abuse, abandonment and neglect.

Strategies:

* Modify investigation and courtroom procedures to facilitate obtaining evidence or testimony in a humane and just manner, while ensuring the rights of both the child and the accused.

* Support priority for removal of the alleged offender, not the child, from the home, whenever possible and in the child's best interests. (Governor's Task Force (1988, 16)

  - "No contact" orders may be used to protect the child and family in cases where the alleged perpetrator is not incarcerated. No contact orders should include provisions that preclude the alleged offender from the area of the child's home, school and other places regularly frequented by the child.

This may be accomplished under the authority of the Domestic Violence Act and applicable criminal statutes. Multidisciplinary teams developing local protocols may wish to reference those statutes.

* The Commission will encourage the development of mechanisms whereby offenders may "contribute" to the cost of community treatment programs for child victims and non-offending family members.

* For the purposes of protecting victims and potential victims and ensuring accountability of offenders, the Commission will support feasible efforts to provide for the evaluation, treatment and control of offenders, particularly child molesters. Strategies recommended by the Governor's Task Force (1988, 25-27) include:

  - Department of Correction could develop long-term residential treatment/work centers for sexual offenders who are capable of working (thereby paying restitution), but who must be isolated from access to children.

  - Department of Correction should establish and maintain sexual offender treatment programs (similar to the SANE model) in Idaho State correctional facilities. The treatment approach should stress monitoring, reporting and accountability.

  - The Department of Correction should establish strict criteria for offenders being considered for release, whether on probation or parole. The criteria should include those recommended in Governor's Task Force report (1988, 27).

  - Through collaborative efforts of the Department of Health and Welfare, probation/parole and the private sector establish a process and protocols for differential diagnosis and evaluation of perpetrators. Building upon this foundation of diagnosis and evaluation, develop and provide community-based treatment for offenders who have served their required period of incarceration and who have good prognoses for successful treatment.

* In order to intervene in the cycle of child abuse before the behavior is entrenched, the Commission will continue collaboration with the Department of Health and Welfare in efforts to develop appropriate penalties and treatment programs for juvenile sex offenders. Legislative funding for juvenile offender assessment and treatment may be proposed.

Lead Agencies and Organizations:

The Department of Law Enforcement, the Department of Correction, Attorney General's Office, the Department of Health and Welfare, local multidisciplinary teams

I think mental health services should be available for every one of the victims of child abuse. Intensive mental health services...even the highest risk children that are abused are not getting those. There is not access to basic mental health treatments. The child protection work force needs to be expanded, along with training to improve counseling and intervention skills, and the guardian ad litem programs should be initiated and supported on a statewide basis.

I think that any plan for children in Idaho needs to look at some basic issues of prevention--prevention of child abuse particularly. One of the ways of preventing child abuse is dealing with the problem of the offender. It is not a politically very popular issue, but it needs to be addressed. There needs to be in Idaho programs for both adult and adolescent sexual offenders.

From the Commission's public hearings, 1989

CHILD CARE

All children, from birth to age five, should have a firm foundation of care and early childhood education to enable them to realize their maximum potential.

The Idaho Education Project
From Preparing for Idaho's Future (1991, 31)

Statement of Need

The need for affordable, quality care for all of Idaho's children, regardless of family income, was documented by the Affordable Child Care Task Force in Idaho Families in Crisis: The Status of Child Care in Idaho (Curtis-Campbell 1987). The Task Force concluded that:

> **The bottom line is that early childhood programs benefit all segments of society.** Children benefit when they attend high quality early childhood programs. Parents benefit from knowing their children are being well cared for. Employers benefit when parent's productivity is not impaired by unstable care arrangements. Employers also benefit as the next generation of workers is prepared to become effective, self-sufficient members of society. Society enjoys all of these benefits, as well as the benefit of enabling parents to work or attend job training. Despite the benefits to all segments of society, the cost of providing quality early childhood services have been borne largely by parents and the exploitation of child care providers through low undervalued wages. . . . (3)

The report provides a detailed analysis of demographic and social policy trends impacting Idaho's families and summarizes the limited public programs available in Idaho to meet the need.

In October 1990 Child Care Connections, a Boise-based child care resource and referral agency, provided the Commission with current "Facts About Families in Child Care in Idaho". For example:

* Half of all women in Idaho are in the work force. **Over 100,000 Idaho children need care on a regular basis** (from Department of Commerce 1989), but licensed providers are available to serve only 12,000. Statewide efforts to recruit child care resources to fill this huge gap are very limited.

* The average yearly cost of child care in Idaho is $2,500 to $3,000 per child. A single parent earning minimum wage pays an estimated 33 to 50 percent of her total income for child care expenses. Idaho is one of only three states that do not offer subsidized child care assistance for families with low and moderately low incomes.

* Only a few Idaho employers (notably hospitals, universities and other public employers and two large Boise corporations) offer assistance in locating child care or provide on-site child care.

* Child care providers are among Idaho's lowest paid workers. The large majority (82 percent) of family day care providers earn less than $10,000 per year. **Low pay contributes to low professional esteem and a 40 percent annual turnover of workers in the child care field.**

* Idaho has the least comprehensive child care licensing law in the nation. Idaho allows one adult to care for 12 infants; 47 states provide for six or fewer infants per adult. Idaho requires no training at all for child care workers; First Aid and CPR training are not required. The existing licensure law is often ignored, and its enforcement has not been a State priority.

The Idaho Workforce 2000 Taskforce Executive Summary to the Governor (1988, 12) examined early childhood training as a factor contributing to the potential for youths' staying in school. Their report states that children at risk who attend high quality child care and early childhood programs are also more likely to pursue post-secondary education or training. Further, they report, providing child care assistance for low income families is cost effective: **One dollar spent on child care saves three dollars in welfare costs**, according to the Children's Defense Fund.

The Workforce 2000 Taskforce report supports presentations to the Commission's public hearings and discussion at the regional council conferences. Child care is an economic issue and thus must be addressed jointly by private and public

sectors. Child care must be available in order for businesses to retain employees, lessen absenteeism and increase productivity, as well as to produce well-adjusted young people who will comprise Idaho's work force of the Year 2000. (13)

Existing and Potential Resources

Public child care resources in Idaho are limited; most are relatively new programs and most are federally funded. Early childhood care and education resources, summarized by Child Care Connections (1990), include the following:

* The **Job Opportunities and Basic Skills (JOBS)** program (see page 53). JOBS provides child care assistance for targeted AFDC recipients while they are participating in training programs. Transitional child care may be provided for 12 months for former JOBS participants who have lost AFDC benefits due to their earnings from employment.

* The **Job Training and Partnership Act (JTPA)** provides limited child care assistance for persons who are participating in JTPA training programs.

* A small **therapeutic day care** program, to counteract the effects of child abuse, abandonment and neglect, is provided by the Department of Health and Welfare, Family and Children's Services, through Social Services Block Grant funding (provides just a few days of care for approximately 3,000 families per year).

* Idaho has a **State income tax deduction** for child care. Idahoan's can also receive benefits from the **Federal Dependent Care Tax Credit** (Curtis-Campbell 1987, 11).

* Local programs may be available; for example, the Boise City Child Care Assistance Program (BCCCAP) which provides **child care scholarships** for some low-income Ada County residents who are working, seeking work or in training. BCCCAP is financed with Community Development Block Grant funds and Boise City general budget funds. Some child care providers offer their own scholarship programs.

* Federal expansion of **Head Start** will move that program toward enrollment of all eligible children by 1994, alleviating some of the need for child care. (See discussion of the Head Start program, pages 54-55.)

* A **federal child care program** passed in the last hours of the 1990 Congress is expected to provide over $3 million in child care support for Idaho families with low incomes and for improvements in the quality of child care through licensing, training of providers and enhancing resource and referral.

Statewide **child care resource and referral agencies**, such as Child Care Connections in Boise, are major resources for implementation of the objectives and strategies set forth in this Plan. These agencies are existing or developing in all seven Department of Health and Welfare regions; four are in existence and the foundations for three are in place. Their development has been fostered through grants from a variety of sources, including the Commission for Children and Youth.

Early childhood education professional organizations collaborate with higher education resources statewide to offer training in the child development field. The **Bureau of Maternal and Child Health** in the Department of Health and Welfare has great interest in improving the quality of Idaho's child care centers. They should be involved in statewide training programs for providers, especially in the areas of health, safety and hygiene. (deGlee 28 Jan. 1991)

It is noteworthy that the Idaho Education Project developed by 25 of Idaho's largest employers addressed early childhood development issues in their 14-month-long review of Idaho's education system (Preparing for Idaho's Future, An Action Plan for Education in the 21st Century: Summary, 1991, 31-36). One of the four broad strategies detailed in their report is: "Enable all children to be ready for school." While there was not time for a thorough review of that document for incorporation into this Plan, it is available as a reference for individuals, agencies, organizations and communities pursuing the goal and objectives for Child Care presented herein.

The Idaho Workforce 2000 Taskforce recommended a statewide program of affordable child care assistance for low-income and working families (1988, 13). While the goal stated herein is more expansive than that, the objectives and strategies incorporate ideas from their report, as well as from other sources.

GOAL 8 BY THE YEAR 2000, ALL FAMILIES IN IDAHO WILL HAVE ACCESS TO APPROPRIATE, QUALITY CARE FOR THEIR CHILDREN.

Objective 8.1 By 1993, make child care affordable for all Idaho families, regardless of income.

Strategies:

* Support the Department of Employment in efforts to foster partnerships between the public sector and private employers. Ideas from the Idaho Workforce 2000 Taskforce (1988, 13) include:

  - Establishing a toll free line at the Department of Employment in Boise for businesses to call for information on child care benefits and resources.

  - At the local level, the 24 Job Service offices and regional child care resource and referral agencies can hold informational meetings for businesses and exchange child care information and data. They might also publish a fact sheet, relevant to the local area, on child care needs and resources for employers.

  See also the strategy relating to employers under Objective 8.3, below.

* Participate in planning for statewide implementation of comprehensive federal child care legislation which includes, among other provisions, a child care subsidy program for families who are unable to pay the full cost.

  - An advisory group, to include employers, consumer families and elected officials, as well as child development professionals, should be convened early in 1991 to develop the policies, procedures and administrative details necessary for implementing the program in Idaho.

  - Planning should address interagency coordination with other federal programs (e.g., Child Care Food Program, JOBS, JTPA, Title XX, etc.), in order that the new benefits be used to help as many families

and child care providers as possible. (See summary of major resources on pages 95-96.)

Lead Agencies and Organizations:

The Office for Children and Youth, the Commission, the Department of Employment and Job Service offices, the Department of Health and Welfare, child care resource and referral agencies, child care providers, employers, consumers and advocates

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Objective 8.2 By 1995, improve the quality of child care services throughout Idaho by enacting new licensure standards and enhancing the status of the child care profession.

Strategies:

* Revamp the State's day care licensure law, rules and regulations and include provisions to ensure enforcement. The new law should take on a child development focus and should include, but not be limited to, the following:

  - Requirements for training for child care providers, with the standards to be specified in rule and regulation.

  - Upgraded standards for facilities and reduced child care ratios in accordance with nationally accepted standards. Standards should be developed in other areas, e.g., group size, discipline, health and safety, minimum equipment requirements, breaks for staff, etc.

  The National Association for the Education of Young Children has developed "Criteria for High Quality Early Childhood Programs" which should be used in the standards development process.

* The child development specialist proposed for the Office for Children and Youth (page 10) will implement activities aimed at upgrading the quality of child care statewide. Actions should be directed to:

  - Improve public understanding of what constitutes quality child care by providing information to parents, the community and statewide leaders

about child development and about available and needed resources. Develop and disseminate materials through child care resource and referral agencies and employers. Conduct informational forums and promote media attention throughout the State. Facilitate greater consumer involvement in planning and assessing quality child care.

- Establish statewide programs, with funding, to support child care provider training. This will involve work with vocational/technical schools, community colleges, public and private colleges and universities, child care associations, child care resource and referral agencies and National Association for the Education of Young Children affiliates to ensure that training is accessible to persons interested in a career in child care. Involve the Bureau of Maternal and Child Health, Department of Health and Welfare, in planning and providing statewide training programs for providers, especially in the areas of health, safety and hygiene.

- Enhance the professional standing of child care and child development work by encouraging state-of-the-art training and information sharing among each other and with other states.

- Reduce the high rate of child care worker turnover by exploring ways to increase wages and benefits and to improve working conditions for child care professionals.

- Promote cooperation among the lead agencies and organizations listed below toward developing a career ladder plan which links training with career incentives and opportunities for child care and child development professionals. Make jointly sponsored training events available to child care and child development workers.

* Consider the strategies presented in Preparing for Idaho's Future, An Action Plan for Education in the 21st Century: Summary, the Idaho Education Project, 1991 (31-36).

Lead Agencies and Organizations:

The Office for Children and Youth, the Department of Employment, the Department of Health and Welfare, the Department of Commerce, State

Department of Education, vocational/technical schools, community colleges, public and private colleges and universities, child care associations, child care resource and referral agencies and National Association for the Education of Young Children affiliates

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Objective 8.3 By 1998, increase child care options throughout the State in order that over 100,000 children have appropriate care resources accessible.

Strategies:

* This ambitious objective calls for a ten-fold increase in child care resources before the Year 2000. Its achievement depends partly upon compensation, benefits and other incentives called for under Objective 8.2, above, to attract child care providers into the field. In order to progress substantively toward establishing a variety of child care options to meet the needs of Idaho families, State funding for recruitment will also be required to support activities such as the following:

  - One-time assistance grants of up to $500 for licensed day care homes and up to $1,000 for licensed day care centers for materials and to improve the quality and/or quantity of child care space.

  - Provide loans of up to $10,000 per applicant to develop and start new day care centers and to renovate existing centers in order to meet licensing requirements.

  (Idaho Workforce 2000 Taskforce 1988, 14)

  - Provide grants to support the operating costs of the regional child care resource and referral agencies in order that they may carry out expanded recruitment and training responsibilities in accordance with the new federal child care program.

* The child development specialist in the Office on Children and Youth will be responsible for coordinating statewide needs and resources assessment. This will involve working through the regional resource and referral agencies and liaison with other governmental agencies and private employ-

ers. Because child care is needed by families of all income levels for children of all ages, a variety of options will be explored:

- Provide consultation to businesses concerning the favorable cost/ benefit ratio which may be derived from the provision of child care alternatives; show cost-effective program models.

- Involve public entities, such as Head Start programs and schools, in developing child care alternatives which pick up at the time when their regular programs end. These might include recreational and social activities at or close by the schools, use of school transportation networks to get children to activities and other alternatives beyond traditional "latchkey" programs. Involve parents, community leaders, child care providers and school district officials in developing pilots programs as recommended by the Idaho Workforce 2000 Task Force (1988, 15-16).

- Strengthen the recruitment and training capability of the statewide child care resource and referral agencies through technical assistance and consultation, as well as by providing funds through the federal child care program and State funding.

* Encourage employers to invest in on- or near-site child care and to offer other child care benefits (e.g., creative payment mechanisms, flexible schedules, job sharing, opportunity to interact with children in care, enhanced child care resource and referral services, etc.) to employees. Support tax incentives for employers providing child care alternatives. Collaborate with the departments of Employment and Commerce in these efforts.

Lead Agencies and Organizations:

Office for Children and Youth, child care resource and referral agencies, employers, State Department of Education, Head Start programs and local schools, the Department of Health and Welfare, the Department of Employment, the Department of Commerce, service organizations, recreational and social programs for youth, churches, State Tax Commission

I think that the end goal of our society is to raise kids as physically and emotionally healthy as possible. I don't particularly think we are doing that.

We are operating a system on old values and old methods and old ways, and the family unit itself has changed. But we are still trying to use the old ways and apply them to the family as it exists today. Family just does not exist today as it did when I was a child.

We are developing a small nucleus of well-trained child care providers to serve the children of our communities, as well as developing a strong support system for the providers as a result of the common bond brought forth from the classroom and practicum experiences. Our goal is to have well-trained child care providers who can provide care to children from the general public, who can also provide care for children in crisis as a result of child abuse or neglect.

From the Commission public hearings, 1989

EDUCATION

Maybe we need more teachers. Maybe we need a different kind of school or something. Those kids need to be taken care of; they need to be taught and given a feeling of success at an early age. Once they get that in their minds that they're a failure and they drop out of school, they're going to be a burden on the social system of the Nation for the rest of their lives. And their children are.

From a Commission public hearing, 1989

Statement of Need

Education is the key to long-term economic stability, for individuals and their families and for the State as a whole. Yet, the number of young people dropping out of school is a growing problem for Idaho. It has recently received attention from four major groups (the Idaho Workforce 2000 Taskforce, the Idaho State 4-H Office, Task Force on the Participation of Hispanic Students in Vocational Education Programs and the Task Force on the Future of Education in Idaho), as well as from the public process conducted by the Commission for Children and Youth. These groups have analyzed the data and identified risk factors associated with illiteracy and dropping out of school and offered their recommendations for the resolution of these serious problems.

The Idaho Workforce 2000 Taskforce Executive Summary to the Governor (1988, 6-7) suggests that **in the near future Idaho will face a shortage of workers who can qualify for new jobs**. While the number of jobs is growing (16,000 new jobs were offered in Idaho in 1987 and 1988), the 18-24 age group is expected to decrease both in numbers and as a percentage of Idaho's total population. In 1987 this group accounted for 10.6 percent of the State's population; in the Year 2000 it will comprise 9.8 percent.

The task force also reported that, by the Year 2000, approximately one-quarter of Idaho's work force will need additional reading, writing, comprehension and computation skills to move successfully from current jobs to new ones. Employers who have upgraded plants or automated manufacturing lines indicate that about 25 percent of the work force cannot make any transition without extensive retraining.

The Workforce 2000 Taskforce also cited (8) the results of A Study of Adult Literacy Service Providers in the State of Idaho by Barbara Knudsen-Field, which shows that **potentially there are 53,000-363,000 Idahoans who range from functionally illiterate to marginally skilled**.

According to data provided by the State Department of Education and reported by the Idaho State 4-H Office in Idaho's Report Card on Youth (1989, 3), the statewide school dropout rate has been increasing slightly since 1983. From 1983 to 1988, a time when total secondary enrollments in Idaho remained fairly constant, the dropout rate after seventh grade increased from 16.1 to 23.1 percent. In 1983, 86 percent of seventh grade students went on to complete high school. In 1988, 82 percent of seventh grade students stayed in the school system to complete high school. When seventh, eighth and ninth grade enrollments are compared to the same groups in twelfth grade, it becomes evident that **one in five junior high students does not complete twelfth grade**.

The dropout rate is of particular concern to Idaho's minority communities. Idaho State Division of Vocational Education convened a Task Force on the Participation of Hispanic Students in Vocational Education Programs. Their report, Hispanic Youth - Dropout Prevention (1990, 6), recognizes that the future of Hispanic youth relies increasingly on their ability to compete in a complex technical labor market. Yet, Hispanic youth have the highest dropout rate of any population group in the United States. **The dropout rate for Idaho Hispanic students is estimated to be between 40 and 60 percent.** Native American dropout rates may be similarly high, based on several years of data collected in the 1970s and 1980s by the Blackfoot School District (Lipovac 16 Oct. 1990), but information is for only one school district.

The public hearings and conferences held by the Commission revealed a statewide perception that the current educational system must be improved to prevent dropping out and to meet the needs of Idaho's young people as we approach the Year 2000. Specifically:

* Public testimony indicated a widespread dissatisfaction with the 90 percent attendance rule. It appears to be inequitably enforced among school districts and even among schools in the same district. The 90 percent attendance rule, in combination with the C-core average rule, six-period day and 42-credit graduation requirement, discourages at risk students who miss school

for various reasons, including illness, pregnancy, the need for paying work or other family problems.

* Another concern, frequently expressed, was lack of flexibility regarding curricula, class size, school calendars, allocation of time frames and required hours of instruction. Regional council conference participants expressed the opinion that State rules tend to discourage the local flexibility necessary for individualized educational programming for at-risk students and high achievers alike. It is likely, however, that school districts do not implement curricula and schedule enhancement, because they cannot afford them (Youngerman 5 Nov. 1990).

* Most educational programs are designed for non-minority, middle class students. Representatives from the Hispanic community call for educational environments conducive to the learning style of Hispanic students and for curricula relevant to issues concerning Hispanic youth and their families. (State Div. of Voc. Ed. 1990, 14)

  Indian tribes might have similar concerns about learning style and curricula, but tribes that desire greater control over their children's education are hampered by lack of funding for the construction and staffing of school facilities. The Shoshone-Bannock Tribe recently passed a resolution supporting creation of their own public school system. (Lipovac)

* "Mainstreaming" of children with special needs, especially those diagnosed with emotional impairments, continues to require attention in many school districts.

Many participants in the Commission's planning process expressed a need for facilities and supervision for children and youth to be available beyond school hours. Working parents have difficulty arranging care for their young children after school. In most communities older children and teens also lack positive activities and places to go after school, fostering serious problems such as delinquency, substance use and teen pregnancy. Yet, while many community and social needs go unmet, most school facilities appear to be under-utilized after school hours.

In general, the educational system is perceived as being planned and administered from the top down, without involvement, in many districts, of the community, teachers and students.

A final note: The Idaho Statesman (Mitgang 29 Sep. 1990, 5C) recently reported that Idaho spent an average of $3,037 per pupil last school year, less than any state except Utah, according to an annual survey by the National Education Association. This reflects low salaries for teachers and other school personnel, high student-teacher ratios and inadequate equipment and supplies for classrooms. Although the cost to move Idaho's expenditures per pupil to the national average of $4,890 could approach $400 million (Youngerman), the Commission would like to see movement toward that level commence. (See strategy on page 111.)

Existing and Potential Resources

After their families, their schools are perhaps the greatest resource for Idaho's children and youth. Not only do the schools provide education, they link young people into their communities and prepare them for their roles and responsibilities as citizens. It is imperative that Idaho's school system--from the State to the local level--be given maximum support from other human service systems to meet this huge expectation.

The **Idaho State Parent Teacher Association (PTA)** is a resource of note within this issue area. The PTA presented information to the Governor's Task Force on Children at Risk Child Advocacy Retreat, October 19-20, 1990 ([19]). The PTA is an educational volunteer organization with over 12,000 members in local PTA units statewide. Income to support programs and projects is composed primarily from membership dues. The mission of the PTA is to support and speak on behalf of children and youth in the schools and before governmental agencies and other organizations that make decisions affecting children; to assist parents in developing the skills they need to raise and protect their children; and to encourage parent and public involvement in the public schools.

The State and national offices of the PTA have a wealth of information available on such subjects as AIDS, parenting skills, parent involvement, legislation, health and safety issues, drugs and alcohol, latchkey children, homelessness, self-esteem, leadership and television viewing, to name a few. The State PTA provides field

service to local units, legislative and leadership training, a State Convention, PTA day at the legislature and district conferences.

The PTA's participation will be sought in implementing the educational goal and objectives of this Plan, especially as to fostering parental involvement. In turn, the Commission for Children and Youth will keep abreast of and support the PTA's statewide efforts.

The interest of **Idaho's business community** in the quality of the State's educational system is reflected in a recently published document, Preparing for Idaho's Future, An Action Plan for Education in the 21st Century: Summary, the Idaho Education Project, 1991. Twenty-five of the State's largest employers worked over a 14-month period with a staff of education professionals and a national education consulting firm to produce the 74-page summary. The action plan details four broad strategies which coincide philosophically with the Commission's Plan:

* Enable all children to be ready for school (31-36).

* Shift to a performance-based system (37-43).

* Redesign curriculum and modernize teaching (45-54).

* Build a capability for excellence (55-61).

Time did not permit inclusion of specific strategies from the Project into this Plan. The document itself should be reviewed by individuals, agencies, organizations and communities concerned with Idaho's education system.

The report from the **Task Force on the Future of Education in Idaho** was not available at the time of writing this Plan. It is expected to provide an detailed analysis of Idaho's education system. The Commission hopes that the goal, objectives and strategies below will complement those of the Task Force.

GOAL 9 BY THE YEAR 2000, RESTRUCTURE IDAHO'S EDUCATIONAL SYSTEM TO REFLECT A COMMITMENT TO COMMUNITIES AND TO PREPARING YOUNG PEOPLE FOR ROLES IN OUR SOCIETY.

Objective 9.1 By 1995, in every school district begin to implement an educational plan which defines the relationship of the school and community.

Strategies:

* Encourage school districts to implement school-based decision-making--a public process to design, publicize and evaluate a local educational plan which will:

- Define the mission and goals of the educational program relevant to the desired finished product: i.e., the talents, skills, attitudes, work force abilities, community awareness, citizenship skills, ethics and learning abilities of the graduating student.

- Reflect the community's involvement in support of its school, as well as the responsibility of the school to the community.

- Address culturally-relevant learning styles and alternate methods for serving students from culturally different and minority backgrounds. Include language development programs for ESL (English as a second language) students and bilingual programs whenever possible. Districts with Hispanic students should refer to the Hispanic Youth - Dropout Prevention (State Div. of Voc. Ed. 1990).

- Provide for the mainstreaming of students with special needs, e.g., those who have developmental disabilities, emotional impairments and/or physical handicaps.

- Address projected State and local work force needs in every school district's educational plan.

The plan should be updated at least every two years.

* Involve the PTA in developing the educational plan, especially as to fostering parental involvement with the school. In turn, the Commission for Children and Youth should support the PTA's statewide efforts.

* Use the plan as a basis for encouraging school/business alliances at every level, e.g., as recommended by the Idaho Workforce 2000 Taskforce (1988). Possibilities include:

  - Involving businesses in planning and consultation with the school regarding modern business practices and procedures, improving efficiency and enhancing staff morale.

  - Encouraging businesses to make available to schools innovative instructional materials, programs and models for testing and experimentation.

  - Arranging placement of secondary students (especially students who are at risk) for part-time, practical employment experiences, for which they receive academic credit.

  In this process, see also the strategies presented in Preparing for Idaho's Future, An Action Plan for Education in the 21st Century: Summary, the Idaho Education Project, 1991.

* Develop incentives for school districts which implement the cultural objectives reflected in their educational plans.

* Advocate for potential resources from the federal government through "Impact Aid", a program which provides operating revenue to school districts that experience a loss in local tax revenues due to the federal presence within a school district, such as a military installation or Indian reservation. (Andrus [1990])

* In or close to every school, establish a community resource center to be open for "latchkey" programs, alternative education programs for youth, community recreation programs, use of the library, youth clubs, parent training classes, counseling, tutoring, community education classes, etc. Consider use of the school bus system for transporting children and young people to scheduled activities.

* As part of their education, afford young people the opportunity for involvement in both the school community and the larger community. This involvement can include peer and cross-age tutoring, natural helpers, assisting with preschool children, assisting with the resource center, helping at the senior citizens' center, performing at community events and special community projects.

  An example is a program being considered by one Idaho district: Provide child care experience (under supervision) for junior high school students as part of their curriculum. As well as supplying needed child care, such a program would provide parenting training and life skills education and possibly serve to avert teen pregnancies for the student care givers. (Henderson 19 Oct. 1990)

* In order to give the leaders of tomorrow experience in the democratic process, schools and their communities should be encouraged to employ students in decision-making wherever feasible. In support of this:

  - Include youth representatives in the education planning process.

  - Schools should adopt and keep current (with as much student involvement as practical) a compilation of student rights and responsibilities. The constitutions of the United States and the State of Idaho should serve as guides.

Lead Agencies and Organizations:

State Board of Education, State Department of Education, Department of Employment, guidance and counseling associations, school administrator associations, student and youth groups, PTA, the Idaho Education Association and its local affiliates, other professional education associations, businesses, local school boards, minority organizations, private school organizations and the legislature

Objective 9.2 **Improve the quality of the education provided in Idaho in order that State and local district standards are met by every school by 1997.**

Strategies:

* Support efforts such as Governor Andrus' "Strong Start" initiative which calls for funding to increase staffing and counseling at the kindergarten and early elementary levels (Andrus 10 Jan. 1991).

* Encourage and provide for flexible, performance-based educational programs which will be evaluated based on the educational plan of the local school district. Conduct internal evaluations of the plan, and make these evaluations available for public review.

* Annually, seek legislative appropriations to move Idaho's expenditures per student toward the national average ($4,890 in 1989-1990). Additional funding would support a professional wage for Idaho teachers and upgrading equipment and supplies available for students. The result of increased funding should be student-teacher ratios which meet State standards.

* Consider release time for teachers for in-service training geared to increase their expertise in dealing with discouraged students and their parents. Through training and on-the-job practice, promote concepts such as team teaching and participation in school decision making. Reward innovation.

* Implement the Idaho Comprehensive Guidance and Counseling Program Model (State Department of Education, 1988) in all school districts. Ten schools have been picked to model the program. It enlists a team approach to the delivery of guidance and counseling in the school. Because the program is curriculum-based, not ancillary, the team must have administration, community and faculty support. (See also the Idaho Comprehensive Guidance and Counseling Program: Pilot Implementation Project, FY 1990 Report (University of Idaho, 1990).)

* Support a positive role for the State Department of Education's consultant, curriculum enhancement, clearinghouse and technical assistance activities.

* Promote accountability and responsibility to constituents among local school boards.

* Consider the feasibility of implementing the strategies offered in Preparing for Idaho's Future, An Action Plan for Education in the 21st Century: Summary, the Idaho Education Project, 1991.

Lead Agencies and Organizations:

State Board of Education, State Department of Education, Department of Employment, guidance and counseling associations, school administrator associations, parent/teacher organizations, the Idaho Education Association and its local affiliates, other professional education associations, businesses, local school boards, minority organizations, private school organizations and the legislature

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Objective 9.3 By 1999, attain a statewide rate of 95 percent of 18-year olds achieving the competencies commensurate with a twelfth grade education.

Strategies:

* At the State-level develop rules and regulations to support a performance-based assessment program stipulating that grades and credits earned for graduation be based on the achievement of course knowledge and developmentally appropriate skills and abilities.

  - Provide for flexible standards regarding school year calendars, class lengths, attendance reporting requirements, etc.

  - Eliminate the 90 percent attendance rule as currently formulated.

  - Use the C-core average rule as a diagnostic tool to identify students at risk, and provide these students with the tutoring, time and special assistance necessary for them to meet minimum performance standards.

* In every district explore alternatives for meeting the educational and human development needs of students.

  - Support the use of alternate methodologies (e.g., peer tutoring and cooperative strategies).

  - Expand the number and availability of alternative schools statewide. Alternative instructional programs require lower student-teacher ratios, specialized staff and modified curriculum, all of which increase educational costs. State funding for these additional costs would serve as an incentive for school districts to implement alternative programs for youth at risk of not graduating from high school.

    There are six demonstration programs for pregnant and parenting teens in Coeur d'Alene, Caldwell, Nampa, Twin Falls and Pocatello. They are funded by the State Department of Education, the Department of Employment, U.S. Department of Health and Human Services and private foundations. (Idaho Workforce 2000 Taskforce 1988, 10)

  - Create innovative "Earning and Learning" alternatives to modify the six-period day requirement of school attendance. Offer more flexible scheduling options for all students, especially for students who are at risk. Work experience programs should be used in tandem with regular academic programs and should focus on encouraging youth to remain in school.

  - Create more flexible alternatives for students who are not college bound, including prevocational and vocational courses, to meet graduation requirements.

  - Offer incentives and options, oriented to the world of work and family life skills (e.g., parenting classes), for those wishing to return to high school after previously dropping out. Develop alternative programs, with child care available, for teen parents (e.g., St. Maries model).

* Consider the feasibility of the strategies for shifting to a performance-based system as presented in Preparing for Idaho's Future, An Action Plan for

Education in the 21st Century: Summary, the Idaho Education Project, 1991 (37-43).

Lead Agencies and Organizations:

State Board of Education, State Department of Education, Department of Employment, guidance and counseling associations, school administrator associations, parent/teacher organizations, the Idaho Education Association and its local affiliates, other professional education associations, businesses, local school boards, minority organizations, private school organizations and the legislature

The schools teach kids to read and write and to survive in academics and now we're talking about forcing social programs on the schools. You talk about needing psychologists. You talk about providing breakfasts. You talk about providing love. You are talking about all these different things that schools weren't set up to do. Families were set up to do that.

We need culturally diverse programs. We need to meet the cultural needs of the Hispanic population, and, if we don't start addressing them too, I think we're going to find ourselves behind on that.

From the Commission's public hearings, 1989

SUBSTANCE ABUSE

Just speaking on the problem of drug use and alcohol abuse ... it's not a lot of kids that go to the parties and do drugs and what have you, but it's not really apparent to a lot of the parents. It needs to be brought to more people's attention, because, when it's hidden, and it's not brought out front, then there's nothing you can do about it.

From a Commission public hearing, 1989

Statement of Need

The Idaho Department of Health and Welfare Substance Abuse Prevention Plan, January 1990, produced by the Division of Family and Children's Services, is the source of information on current needs relevant to youth substance abuse in the State. As a basis for the Prevention Plan, Substance Abuse Program staff interviewed key informants and examined treatment provider contract records, DUI (driving under the influence) evaluator forms and court records. Regional programs and individual school districts conducted student "use" surveys. The Program expects to complete a statewide comprehensive needs assessment during FY 1991. (4)

Available research indicates that Idaho averages slightly below the national norm in the area of substance abuse. Nonetheless, the averages are high enough to warrant concern and confirm the need for prevention efforts. **Overwhelming evidence indicates that alcohol is the most abused substance in Idaho.** Of illegal drugs marijuana, followed by cocaine and its derivatives, rank second and third on the list of abused substances. This use pattern is found in all age, socioeconomic and ethnic categories. (Idaho Alcohol and Drug Abuse Facts Booklet 1985-1986, cited in Idaho DHW FACS 1990, 4)

Current research findings indicate that the age of "first use" is getting younger. The lower the age of first use the higher the potential for becoming a substance abuser. Research also shows that individuals who come from families with a history of substance abuse or who have experienced other forms of abuse, educational failure or involvement with the criminal justice system are also at a greater risk

of developing a substance abuse problem. (Hawkins and Catalano 1987, cited in Idaho DHW FACS 1990, 4)

A composite of drug use surveys done in Idaho, including rural and urban school districts, indicates that approximately 48 percent of junior high students have tried alcohol or report "low to moderate" use. Use reports for seniors in an urban area (Meridian and Boise) show that approximately 84 percent have tried alcohol. (4) Idaho's Report Card on Youth (Idaho State 4-H Office 1989, [11-13]) summarizes findings by regions and reports some specifics of these surveys.

Existing and Potential Resources

The **Substance Abuse Program** statement of purpose is presented in the Alcohol/ Drug Abuse section of the Idaho Department of Health and Welfare's Alcohol, Drug Abuse and Mental Health (ADAMH) Block Grant Plan - FY91-92. "The purpose of the program is to insure that substance abuse treatment services are both accessible and available to every adult and adolescent needing care in the State of Idaho." Programs for education, early intervention and rehabilitation are also provided. Substance abuse services include detoxification (medical and social models), residential/inpatient and outpatient treatment. In addition, auxiliary programs offer intervention, partial care and extended aftercare. These services represent a full continuum of care that should be available to all persons in every Idaho community. The program includes a special emphasis on children at risk, such as children of alcoholics and other high risk youth. (1) The program maintains an up-to-date resource library of substance abuse materials for use by the citizens of Idaho (8).

Substance Abuse Program funds are distributed to each Health and Welfare region based on a population formula. Percentages of funding for alcoholism treatment, drug abuse treatment and prevention to be focused on adolescents are determined regionally. To assure that services are relevant and responsive to community needs, Regional Advisory Committees (RACs) meet at least quarterly. The RACs include representation from law enforcement, education, judiciary, mental health treatment providers and users of services. (3)

To coordinate statewide planning, one member of each RAC participates as a member of the **Governor's Commission on Alcohol-Drug Abuse**. This Commission is a 14-member citizen group that advises the State Substance Abuse Program

as to local and statewide needs. The Commission establishes service goals and objectives for each fiscal year, identified how the priority population groups will be served and what elements of service will be provided through the Substance Abuse Program. (3)

The individuals to be served and the statewide program are described in greater detail in the Alcohol/Drug Abuse section of the Alcohol, Drug Abuse and Mental Health (ADAMH) Block Grant Plan - FY91-92 (Idaho DHW 1990, 4-5). Actual service delivery is accomplished by **private providers** through contracts with the State Substance Abuse Program. There are also a number of outpatient and inpatient drug/alcohol treatment providers practicing throughout the State who are not under contract with the State program.

The State Substance Abuse Program has convened **prevention planning teams** in every Health and Welfare region. The team is a subcommittee of the regional RAC and is responsible for determining how the Prevention Plan will be implemented in that region. The teams will identify regional priorities based on the statewide needs assessment and identify programs that will most effectively meet target population needs. (Idaho DHW FACS 1990, 9) Please refer to the Prevention Plan (9-16) for suggested implementation strategies, along with agencies and groups who are most appropriate to assist in the implementation of each strategy.

Many **schools** are incorporating substance abuse education into their curricula. Some of these programs are supported by the State Substance Abuse Program; others have developed independently. Research indicates that parental and community support for these programs is critical to the success of prevention efforts. (Crowley 1989, cited in Idaho DHW FACS 1990, 4)

People in communities all over the State have organized to combat drug and alcohol problems in their communities. These efforts are too numerous to describe herein, but notable ones include chapters of Mothers Against Drunk Driving (MADD), the Boise Community Drug Task Force, PAYADA and various police prevention programs.

The above efforts are encouraged and supported by the goal, objectives and strategies in this Plan.

GOAL 10 BY THE YEAR 2000, SIGNIFICANTLY REDUCE SUBSTANCE USE AMONG IDAHO CHILDREN AND YOUTH.

Objective 10.1 By 1994, provide prevention programs in every community to reduce the incidence of substance use among children and youth.

Strategies:

* The Commission will support and encourage funding to implement the child-related goals set forth in the Idaho Department of Health and Welfare Substance Abuse Prevention Plan, January 1990 (Idaho DHW FACS 7-8). These goals are:

  - To promote the nonuse of alcohol and drugs by youth in Idaho through implementation of health education, alternative activities, parenting education and public policy initiatives. The Commission suggests that prevention programs begin with toddlers and latency age children, for example through programs in child care centers on self-esteem, decision-making skills and responsible chores.

  - To prevent the progression of alcohol-drug abuse problems through strategies designed to identify problems, facilitate appropriate referrals and offer positive alternatives.

  - To prevent the onset of alcohol-drug abuse problems in family systems by providing families with drug-alcohol information and implementing parent/child education programs.

  - To prevent and intervene in dysfunctional family systems by developing strategies to identify problems and refer to community resources.

  - To assist communities/groups in identifying prevention needs and in developing and implementing local programs to meet those needs. The Commission and its network of advisory boards and regional and/or community councils would be appropriate bodies to assist the substance abuse network in these efforts.

* Other preventive strategies suggested by the Commission are:

  - Promote the development of positive peer pressure and peer support groups. Convene and support youth groups in creating alternative recreational options, especially for those in their teens. This may be fostered through YMCAs and other youth social and recreational organizations.

  - Encourage continuing and expanding awareness campaigns in kindergarten through grade 12 to enhance understanding of substance abuse issues and to reduce the incidence of substance abuse among children and youth. Upgrade public school curricula, in compliance with existing state regulations, and assure age-appropriate relevancy to elementary, middle/junior high and high school-age children and young people.

  - Support positive use of police resources in combating substance abuse. Well-received programs include provision of education and counseling by school resource officers and use of dogs as public relations agents in substance abuse prevention, public relations and intervention.

  - Support development of prevention programs based upon research into incidence and prevalence of substance abuse, i.e., the statewide needs assessment being completed by the Substance Abuse Program.

  - Support action to make drug and alcohol use less accessible and attractive to youth. Such actions might include banning cigarette machines from places frequented by youth and banning the advertisement of alcohol and tobacco.

  - Through use of the media, law enforcement and public agencies, expand public awareness related to the organized sale and distribution of illegal controlled substances and gang activity.

* Communities and schools planning to implement drug/alcohol prevention programs should also consult Profiles of Successful Drug Prevention Programs: Drug-Free School Recognition Program, 1988-89 (U.S. Department of Education 1990). This report highlights techniques,

strategies and activities used by 47 schools which have implemented effective prevention programs to combat student drug use.

Lead Agencies and Organizations:

State Substance Abuse Program, the Governor's Commission on Alcohol-Drug Abuse, RACs, schools, social and recreational groups, youth groups, the Commission for Children and Youth

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Objective 10.2 By 1996, develop in all communities creative substance abuse intervention strategies for youth.

Strategies:

* Encourage and support community organization efforts to fight alcohol and drug abuse. Involve the business community in these efforts.

* Provide information to and intervention with parents relative to their use of alcohol and its effects on their children.

* Support youth initiatives to develop "drug free" programs. Establish expanded and innovative methods of rewarding youth who are drug free, e.g., through discounts in retail stores and fast food restaurants.

* Create harsher penalties for people who procure drugs, alcohol and tobacco for children or who fail to prevent access to drugs, alcohol and tobacco.

Lead Agencies and Organizations:

RACs, citizens' groups, youth groups

Objective 10.3 By 1998, develop a continuum of affordable substance abuse treatment resources for youth in every region of the State.

Strategies:

* Encourage, through the RACs, the Governor's Commission on Alcohol-Drug Abuse and the State Substance Abuse Program, development outreach programs oriented toward bringing youth into treatment.

* Support efforts of the State Substance Abuse Program to ensure access to a continuum of drug and alcohol treatment alternatives, i.e., medical and social detoxification, outpatient treatment and inpatient/residential treatment programs for youth, in every Health and Welfare region.

    - Advocate for increased State and federal appropriations for substance abuse treatment for youth.

* Advocate with employers and insurers for expanded insurance coverage for substance abuse treatment.

Lead Agencies and Organizations:

State Substance Abuse Program, Governor's Commission on Alcohol-Drug Abuse, RACs

Many at-risk children think that there is nothing for them at home, so they don't stay home and they go out a lot and they get involved with things such as drugs and alcohol, and that results in accidents and problems with their friends and at school. We decided that to make a difference we had to get everyone involved and that it's not just for little kids in elementary schools; it includes older teenagers, and we have to keep them busy, and we think that we should provide communication workshops for the families to discuss their problems.

We thought of teen groups to help discuss the teenage problems that they might be having socially or at home and also educate them on how to solve their problems and give them self-confidence and be a better person as a result. So, if they feel that they can't depend on anyone else, they can depend on themselves.

We have come up with things such as plays to do for the high schools and elementary children to show the effects of drugs and alcohol-related situations. We have been thinking about having a dance. We might have it at the fairgrounds. It is to keep the children busy and give them something fun to do without using drugs. It would use up their time that they would usually go out and party or do drugs and just hand out on the streets.

We feel that the parents should help out, too, with the children, because the parents have the most influence on the children today. If they set a good example and influence them to get involved with more activities in their spare time, they would stay out of trouble. And that's about it.

From a Commission public hearing, 1989

TEEN PREGNANCY

Of all the demographic issues currently facing the nation, none is as serious as the alarming increase in unmarried teenage parenthood and the attendant poverty and dependency such families usually experience.

Committee on Economic Development, 1987
(In Idaho Workforce 2000 Taskforce 1988, 10)

Statement of Need

Teen pregnancy was perhaps the most compelling and controversial issue raised during the Commission's public hearings. The consensus of the regional council conference participants, however, was that it is a problem which must be addressed with respect to the realities confronting today's teens.

The Idaho Public Health Plan, Fiscal Year 1991, reports the following information:

* An estimated 56,620 teens 13-19 years are in need of subsidized family planning services (Alan Guttmacher Institute, 1987). Only 52 percent of sexually active teens 15-19 years used birth control, and only 33 percent of teens under 15 years used birth control; birth control use by these age groups was inconsistent.

* Data (National Survey of Youth, 1980) show that adolescents from families of lower socioeconomic status initiate sexual activity at earlier ages. The mother's level of education and the school drop-out rate are two other indicators related to early sexual activity. An unintended pregnancy or birth can have serious social, economic, and psychological consequences for adolescents.

* According to the Idaho Bureau of Vital Statistics, the 1988 out-of-wedlock birth ratio to 1,000 live births has increased from 71.6 (1,386 out-of-wedlock births) in 1978 to 139.6 (2,196 out-of-wedlock births). Teens, 14 years and younger, had 16 births as single parents and the 15-17 teen group

accounted for 362. Single births have a negative impact on the economy and the extent of poverty of these women.

* Abortion rates have been declining, but 548 abortions were reported for teenagers in 1988.

(Idaho DHW Health 1990, 111)

Adolescent mothers have more than twice the incidence of low birthweight infants than women 20-29 years of age. A combination of poor maternal health habits and sociodemographic characteristics is thought to contribute to the higher incidence of low birthweight infants. Late and inadequate prenatal care, poverty, inadequate education, poor nutritional state, smoking and alcohol abuse and marital status are factors which contribute to the increased risk of poor pregnancy outcomes in teen mothers. The adolescent's ability to mother is a reflection of her education, support system, experience, knowledge of child rearing and age. Outreach to draw pregnant teens into prenatal care early, support services to provide counseling and education regarding positive health habits during pregnancy and education concerning parenting and infant care are important components of comprehensive perinatal services for teens. **In 1988, 126 of the 1,830 births to teenage girls were babies with low birthweight.** (Idaho DHW Health 1990, 121)

The Idaho Workforce 2000 Taskforce assigned a committee to study teen pregnancy. In addition to health-related factors such as those cited above, the following economic factors were noted in the Taskforce Executive Summary to the Governor (1988, 10-11):

* **Total health, medical and social service costs of adolescent pregnancy in Idaho is estimated to be at least $40 million a year.**

* Total annualized AFDC and food stamp costs for Idaho teen mothers is $1,800,000.

* Only half of school-age parents graduate from high school.

Teenage mothers, especially those who do not complete high school, are more likely to be welfare dependent. National studies have shown that over half of the women receiving AFDC were teenagers when they had their first child. Yet, there are no statewide educational programs to promote sexual responsibility for teens.

No statewide educational programs exist to provide child care services and high school education.

The Idaho State 4-H Office also investigated the problem of teen pregnancy and identified income level and basic skill achievement as indicators for the probability of teen parenthood. In Idaho's Report Card on Youth (1989, [14-15]), the 4-H Office reported that young people with reading and mathematics scores in the bottom fifth relative to their peers in the top half are more likely to become parents at an early age. Growing up in poverty dramatically increases a young person's statistical chances of having weak basic skills. Nearly half of all poor youth score in the bottom fifth of the basic skills distribution, while over three-fourths of all poor youth have below-average basic skills. They concluded that:

> The combination of poverty and weak basic skills, not race or ethnicity, also correlates highly with disparities in teen childbearing rates. Young women (ages 16-19) with below average basic skills who live in poor families--whether white, black, or Hispanic--are six times more likely to have children than young women with above average basic skills living in non-poor households. Fewer than one in 20 young women under age 20 with above average basic skills and above the poverty level income is a mother while more than one in five young women with below average basic skills and below the poverty level income is a mother.

The most current data indicate that Idaho's teen birth rate is continuing to rise: 1,900 teens gave birth in Idaho in 1989. (Ault [Jan. 1991])

Existing and Potential Resources

In Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing, the National Research Council states that: "In both human and monetary terms, it is less costly to prevent pregnancy than to cope with its consequences." (1987) Yet, ideas for preventing teen pregnancy evoke a range of emotions among Idahoans. A nonprofit organization, **Idahoans Concerned with Teen Pregnancy**, has recently formed to provide a positive forum for addressing teen pregnancy issues. Their annual conference held in October 1990 attracted over 200 participants.

(Bruck 26 Dec. 1990) This organization is a resource with the energy to focus on preventing teen pregnancy in Idaho.

The Department of Health and Welfare's **Family Planning Program** provides pregnancy prevention services and comprehensive medical care and health education services to Idaho residents of reproductive age. The target populations are women with low incomes, teens and others who lack access to reproductive health care; the program provides the only health care services many women receive throughout the year. Services are provided at 34 clinic sites statewide; two-thirds of these sites are located in rural counties with populations of less than 20,000. (Idaho DHW Health 1990, 110) Because access to health care, especially for persons with low-incomes and rural populations, is limited, the Family Planning Program is an essential adjunct to the health care delivery system in Idaho.

Adolescent pregnancy has been discussed in other sections of this Plan: as a prenatal care issue, as a child care issue and as an education issue. Resources with the most potential for preventing teen pregnancy are inherent in families, schools, communities and teens themselves. The goal, objective and strategies below offer only a beginning for mobilizing these resources toward preventing teen pregnancy.

GOAL 11 BEFORE THE YEAR 2000, SUBSTANTIALLY REDUCE THE INCIDENCE OF TEEN PREGNANCIES AMONG IDAHO YOUTH.

Objective 11.1 By 1996, implement teen pregnancy prevention programs in all Idaho communities.

Strategies:

* The management strategies for the Department of Health and Welfare's Family Planning Program are included in the Idaho Public Health Plan, Fiscal Year 1991. (Idaho DHW Health 1990, 112-119) The Office for Children and Youth will establish regular communication with the Family Planning Program to keep informed about program activities and plans.

  - The Commission might be able to offer ideas for outreach to population groups which are not in contact with traditional human service systems.

  - The Commission might also assist by mobilizing other youth advocates to strategize toward the prevention of teen pregnancies.

* Become involved in the teen pregnancy prevention initiatives of organizations such as Idahoans Concerned with Teen Pregnancy.

* Encourage implementation of responsible sexuality curriculum at the junior high level, as being discussed by the Governor's Task Force on Children at Risk. (Patterson, 19 Dec. 1990)

* Communities interested in preventing teen pregnancy may investigate possible solutions, including birth control education, information and devices through avenues accessible by all teens, e.g., schools, social and recreational programs and health care providers, as well as their families. They may wish to consider the following recommendations presented by the National Research Council in Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing (1987):

- Sexually active teenagers, both boys and girls, need the ability to avoid pregnancy and the motivation to do so. Early, regular and effective contraceptive use results in fewer pregnancies. Delaying the initiation of sexual activity will also reduce the incidence of pregnancy.

- The problems associated with adolescent sexuality are not peculiar to teenage girls. The high-risk population must include boys.

- There is no single approach or quick fix to solving the problems of early, unintended pregnancy and childbearing. An array of policies and programs targeted to the special characteristics of communities and to the circumstances of teenagers from different social, cultural and economic backgrounds and of different ages is required.

- Priority should be given to those for whom the consequences of an early, unintended pregnancy and birth are likely to be most severe--young adolescents and teenagers from the most socially and economically disadvantaged backgrounds.

- Responsibility for addressing the problems of adolescent pregnancy and childbearing should be shared among individuals, families, voluntary organizations, communities and governments.

Lead Agencies and Organizations:

The Department of Health and Welfare, Idahoans Concerned with Teen Pregnancy, Planned Parenthood of Idaho, the Office for Children and Youth, the Commission, families, youth groups, communities and schools

We don't have any education about sexual activities, birth control or anything, and I think that kinds of needs to be addressed in the high school, even though they don't like to admit there is a problem.

From a Commission public hearing, 1989

CONCLUSIONS

The time lines on some of the objectives in this Plan call for early action. While the time lines on other objectives come later, early action is necessary to set the foundation for their achievement.

The following is a listing of those objectives slated for attainment in 1992 and 1993:

Objective 1.1 By 1992, **restructure the Commission for Children and Youth** to include representation adequate for its responsibilities, and staff an Office with expertise in these additional areas. (Pages 10-11)

Objective 1.2 By 1992, **devise a system for publicizing, evaluating progress toward and updating the ten year Plan**. (Pages 11-12)

Objective 2.1 By 1992, in order to **eliminate entirely the use of adult jails for detaining juveniles**, provide appropriate secure and nonsecure alternatives in every region. (Pages 20-21)

Objective 3.1 By 1993, develop and implement an outreach plan to **ensure that women who are not in contact with traditional health care systems receive prenatal care in the first trimester of pregnancy**. (Pages 34-35)

Objective 5.1 By 1992, in every community **make available to all children services that guarantee adequate food, shelter and clothing**. (Pages 56-57)

Objective 6.1 By 1993, in every community make available a **continuum of services which supports and enhances family life skills and promote self-sufficiency**. (Pages 68-70)

Objective 7.1 By 1992, have established in every county **multidisciplinary teams to coordinate the investigation and prosecution of child abuse** reports. (Pages 83-84)

Objective 8.1 By 1993, **make child care affordable** for all Idaho families, regardless of income. (Page 97-98)

While time lines are a few years away, objectives for child health care, education, substance abuse and teen pregnancy must not be overlooked. These, in fact, may be the most difficult issue areas to impact. Objectives for these areas requiring early attention are:

Objective 4.1 By 1995, **increase the numbers and improve geographic distribution of health care providers** throughout the State. (Pages 45-46)

Objective 9.1 By 1995, **in every school district begin to implement an educational plan** which defines the relationship of the school and community. (Pages 108-110)

Objective 10.1 By 1994, provide prevention programs in every community to **reduce the incidence of substance use among children and youth**. (Pages 118-120)

Objective 11.1 By 1996, implement **teen pregnancy prevention programs** in all Idaho communities. (Pages 127-128)

The Commission for Children and Youth invites all interested agencies, organizations, communities and individuals to participate in achieving these objectives and to promote opportunities for Idaho's children and youth before the Year 2000.

WORKS CITED

Adrian, B., M.D. 3 Oct. 1990. Notes on draft plan.

Andrus, Cecil, Governor. [1990]. "Andrus Urges Continued Funding for Local School Impact Aid."

Andrus, Cecil, Governor. 5 Nov. 1990. "Governor Proclaims Early Intervention Week," in A View from the Capitol.

Andrus, Cecil, Governor. 10 Jan. 1991. "Message by the Governor on the Executive Budget Before a Joint Session of the First Regular Session of the 51st Idaho Legislature," House Chambers, Boise, Idaho.

Ault, Susan. [Jan. 1991]. Memorandum to Dr. Bruck.

Boise State University, College of Business. Idaho AFDC Standard of Need Study: 1988 Update. For the Idaho Department of Health and Welfare.

Bruck, Tom. 26 Dec. 1990. Telephone interview.

Brunner, Anita. 6 Feb. 1991. Telephone interview.

Child Care Connections. [Oct. 1990]. "Fact About Families in Child Care in Idaho." Boise.

Child Care Connections. [1990]. Notes on draft plan, S. Bixby and M. Kinney.

"Children need strong family unit." 27 Nov. 1990. Idaho Statesman.

Curtis-Campbell, Melanie. 1987. Idaho Families in Crisis: The Status of Child Care in Idaho. Boise: For the Affordable Child Care Task Force.

deGlee, Simonne. 28 Jan. 1991. Memorandum to Tom Bruck.

"Depression hits at an early age." 10 Oct. 1990. Idaho Statesman.

Etlinger, Charles. "Census tacks 3,000 onto Idaho report." 25 Jan. 1991. Idaho Statesman.

Governor's Task Force on Children at Risk. 19-20 Oct. 1990. Child Advocacy Retreat. Boise.

Governor's Task Force on Children at Risk. 1988. Children at Risk: A Report on Idaho's System for Protecting and Serving Children at Risk of Sexual Abuse. Boise: State of Idaho.

Governor's Task Force on Children at Risk. 1990. Guidelines for Coordinating Action on Child Abuse Problems. Boise: State of Idaho.

Governor's Task Force on Children at Risk. 16 Nov. 1990. Report to the Governor on "Drug-Exposed Infants."

Henderson, Kent. 19 Oct. 1990. Personal interview.

Idaho Citizen's Network. [1990.] Citizen Networker. Boise: Vol. 2, No. 3.

Idaho Citizen's Network. [1990]. "Citizen's Access Plan." Boise.

Idaho Commission for Children and Youth. [1990]. Unpublished data on juveniles held in adult jails and locked facilities.

Idaho Conference on Health Care. 16-18 Oct. 1990. "Caring for Idaho's Medically Indigent: A State Plan 1990." Pocatello, Idaho.

Idaho Council on Domestic Violence. 26 Jan. 1990. "Goals and Objectives."

Idaho Department of Health and Welfare. 1990. Alcohol, Drug Abuse and Mental Health Block Grant Plan FY91-92. Boise: State of Idaho.

Idaho Department of Health and Welfare. 1988. Annual Summary of Vital Statistics. Boise: State of Idaho.

Idaho Department of Health and Welfare, Bureau of Juvenile Justice. 1989. Annual Statistical Report: Juvenile Justice Services, State of Idaho, July 1, 1987 through June 30, 1988. Boise: State of Idaho.

Idaho Department of Health and Welfare, Bureau of Juvenile Justice. [1990]. Unpublished data for July 1, 1988, through June 30, 1989, annual statistical report.

Idaho Department of Health and Welfare, Bureau of Mental Health. 1989. Mental Health Systems Plan, Fiscal Years 1990-1992 (FY 1990 Update). Boise: State of Idaho.

Idaho Department of Health and Welfare, Division of Community Rehabilitation. 1989. Comprehensive Developmental Disabilities System Plan (1990-1991-1992). Boise: State of Idaho.

Idaho Department of Health and Welfare, Division of Family and Children's Services. 1990. Child Protective Act Annual Report: Today's Children - Tomorrow's Families, July 1, 1988 through June 30, 1989. Boise: State of Idaho.

Idaho Department of Health and Welfare, Division of Family and Children's Services. 1990. Idaho Department of Health and Welfare Substance Abuse Prevention Plan, January 1990. Boise: State of Idaho.

Idaho Department of Health and Welfare, Division of Family and Children's Services. Sept. 1990. Public Law 99-660, Program Report and Plan for the State of Idaho for the Period July 1, 1989 to June 30, 1992. Boise: Submitted to National Institute of Mental Health.

Idaho Department of Health and Welfare, Division of Family and Children's Services. 1990. Social Services Block Grant Plan, Fiscal Year 1991. Boise: State of Idaho.

Idaho Department of Health and Welfare, Division of Family and Children's Services. 1990. Special Report on the Status of Prosecution and Sentencing for Sex Crimes Against Children - January 1, 1988 through June 30, 1989. Boise: State of Idaho.

Idaho Department of Health and Welfare, Division of Health. 1990. Idaho Public Health Plan, Fiscal Year 1991. Boise: State of Idaho.

Idaho Department of Health and Welfare, Division of Welfare and Division of Family and Children's Services. 1990. State of Idaho Job Opportunities and Basic Skills Training Program (State Plan Pursuant to the Family Support Act of 1988) for the Period October 1, 1990 to September 30, 1992. Boise: State of Idaho.

Idaho Department of Health and Welfare, Division of Welfare and Division of Family and Children's Services. 1990. State of Idaho Supportive Services State Plan Pursuant to the Family Support Act of 1988 for the Period October 1, 1990 to September 30, 1992. Boise: State of Idaho.

Idaho Education Project. 1991. Preparing for Idaho's Future, An Action Plan for Education in the 21st Century: Summary. Berman, Weiler Associates.

Idaho Hunger Action Council. [1990.] Annual Report 1989.

Idaho Planning Committee for Children and Youth Services. 1980. Youth Services in Idaho: Recommendations for Conserving and Enhancing Idaho's Most Treasured Resources. Boise: State of Idaho.

Idaho State Council on Developmental Disabilities. 1989. Two Year Transitional State Plan for Developmental Disabilities, Title V of P.L. 100-146, Fiscal Years 1990-1991. Boise: State of Idaho.

Idaho State Council on Developmental Disabilities. [1990]. Visions and Values: Goals and Objectives, Special Edition, Fiscal Years 1990 to 1994. Boise: State of Idaho.

Idaho State Council on Developmental Disabilities. 1990. 1990 Report on Developmental Disabilities in Idaho: A State of the State Analysis. Boise: State of Idaho.

Idaho State 4-H Office. 1989. Idaho's Report Card on Youth.

Idaho Workforce 2000 Taskforce. 1988. Idaho Workforce 2000: Executive Summary to the Governor. Boise: State of Idaho.

Incarceration Work Group. 23 Aug. 1990. "Long-Term Recommendations: Support of Juvenile Justice Services". Unpublished draft.

Lipovac, Peter. 16 Oct. 1990. Personal interview.

Medlin, Bob. 27 Dec. 1990. Telephone interview.

Mitgang, Lee. 29 Sept. 1990. "Utah saves Idaho from finishing last in spending per pupil." Idaho Statesman.

Murdock, Theo. 24 and 27 Dec. 1990. Telephone interviews.

National Research Council. 1987. Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing. Washington, D.C.: National Academy Press.

Northwest Area Foundation. March 1989. Northwest Report. No. 7.

"Notice of Emergency Rule-Making and Notice of Intended Regular Rule-Making." 8 Oct. 1990. Idaho Statesman.

Patterson, Ken. 19 Dec. 1990. Personal interview.

Scheffer, M., Ph.D. [1990]. Idaho Child Abuse Prevention Plan. Boise: Boise State University. For the Idaho Network for Children.

Shapiro, Isaac, and Greenstein, Robert. 1988. Holes in the Safety Nets: Poverty Programs and Policies in the States - Idaho. Washington, D.C.: Center on Budget and Policy Priorities.

State Board of Education. State standards for school approval. IDAPA 08.02.E.10, 11 and 12.

State Department of Education. 1988. Idaho Comprehensive Guidance and Counseling Program Model. Boise: State of Idaho.

State Division of Vocational Education, Task Force on the Participation of Hispanic Students in Vocational Education Programs. July 1990. Hispanic Youth - Dropout Prevention. Boise: State of Idaho.

University of Idaho. 1990. Idaho Comprehensive Guidance and Counseling Program: Pilot Implementation Project, FY 1990 Report. Moscow: University of Idaho.

U.S. Department of Education, Office of Educational Research and Improvement, Recognition Division, Programs for the Improvement of Practice. 1990. Profiles of Successful Drug Prevention Programs: Drug-Free School Recognition Program, 1988-89. Washington, D.C.: U.S. Department of Education.

West, Jan. [Oct. 1990]. Notes on draft plan.

Woodworth, S. 24 Oct. 1990. Personal interview.

Woodworth, S. July 1990. Family Centered Juvenile Justice: A Proposed Practice Model. Unpublished draft: Idaho DHW Bureau of Juvenile Justice.

Youngerman, S. 5 Nov. 1990. Notes on plan draft.